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### ORIGINAL ARTICLES.

### THE RATIONAL TREATMENT OF WOUNDS, SUR-GICAL AND ACCIDENTAL.

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### SPONTANEOUS HEALING OF WOUNDS.

I shall not classify wounds, as of old, into incised, lacerated, punctured, contused, and poisoned; but shall consider them as Surgical and Accidental, and sub-divide them into Healthy and Unhealthy Wounds.

Unless the victim die from the immediate effects of a

Unless the victim die from the immediate effects of a wound, or unless some complication arise during the course of its existence, all wounds heal of themselves in a lesser or greater period of time.\*

In the year 1860, while on a boar hunt in the West Indies, a large specimen was killed, the very picture of animal health and brute force. While it was being dressed, a bullet was found at the base of the brain, resting on the greater wing of the sphenoid bone, immediately back of its articulation with the temporal. The latter had a perfectly united fracture; the soft parts The latter had a perfectly united fracture; the soft parts were also perfectly sound, and the skin over all was covered with an abundant crop of hair somewhat lighter

Prof. Hilton, of the Royal College of London, quotes the case of a mouse which, when caught in a trap alive and well, was found to have, on some previous occasion, sustained injuries that had deprived him of one eye, a portion of one cheek, and a piece of the cranial vault, leaving the brain covered with only the scalp and membranes. These animals had made their wonderful re-coveries evidently without professional aid.

That it may not be argued that the tissues of lower animals heal more readily than those of man (a thing that is undoubtedly true, for in some very low orders the process of healing is a purely physiological act), I will relate one of my earliest experiences in practice. It was also in the West Indies in 1860. Opposite my

residence lived a man of ungovernable temper. day I heard a great clamor of voices, and supposing that some accident had occurred, I entered the house to offer Three women, wife and two daughters, vere holding the man, who brandished in his hands a huge machete. They informed me that Batista—such was the man's name—had in a fit of anger killed a recently captured runaway slave,

On searching for the victim, I found him in the stable crouching behind a pile of green fodder. The weapon had penetrated the abdomen through a two inch wound to the left of the linea alba, midway between the ensiform cartilage and the umbilious, and the point had emerged, making a similar wound at a corresponding point in the

back. About four inches of small intestine protruded through the anterior wound without hæmorrhage, and there was a thin stream of blood oozing from the posterior wound. Never having seen anything of the kind, and not knowing what to do. I simply replaced the knuckle of intestine, adjusted a pad of linen over each cut, a six inch roller bandage over all, and retired to consult my books.

I soon learned that the man was almost irretrievably doomed; that the course to pursue was to stitch the external wounds, support the sutures with adhesive strips, apply a pledget of "ceratum cetacei," a cold pack to the abdomen, administer a round dose of *Opium* to control peristaltic action, keep the patient quiet in the recum-bent position, and wait for the inevitable peritonitis. I therefore hastened again to the wounded man with

the object of remedying my numerous omissions, but I found the negro sleeping so peacefully that my human-ity overcame the scruples of my newly acquired science, and I rebelled against the idea of disturbing him. I therefore retired, giving an order that I should be sent for

Not hearing anything further, I called the following morning to find that the negro had again escaped and was nowhere to be found.

Four months afterwards he was recaptured, and he we me the history of his flight. He said that, finding gave me the history of his flight. He said that, finding himself during the night alone and thirsty, he arose to get some water, for which purpose he had to go out to the well. There the cool night air, the bright star lights, and the sense of the injustice that had been done him, all seemed to impel him to doubly risk his life for his liberty, and he decided to make the attempt.

He unbolted the yard gate, got out into the street, and dodging the "serenos," or night watchmen, walked out of the city into the woods, where he had remained until recentured.

re-captured.

When asked about his wound, he said it had given him no trouble-he had never looked at it.

I asked him to let me see it, and I found the bandage still around him in a filthy twist over his hips, two linear scars marking the entrance and exit of the deadly ma-

chete.

Still more to the point are the following cases:

After the battle of Las Tunas, ninety-seven wounded were being cared for at a field hospital, when an unexpected advance of the enemy caused a panic among the patients, who field to the woods and scattered in all directions. Surgeons D. Sterling and E. Agramonte managed to keep together some twenty-six of the men, who were conveyed to another hospital and attended to. Of the remaining seventy-one nothing was heard for some time, but after the lapse of from two to seven months, all but five had either reported or been heard from at their five had either reported or been heard from at their

respective regiments, completely cured of their wounds.

Of the five missing, two had died. The fate of the other three was never ascertained. Of these sixty-six cases of wounds healed without surgical aid and under the worst possible conditions, three at least deserve special mention.

<sup>\*</sup> Lest my readers should draw from this statement an a priorioniculation, let me here state that it is not the object of this paper to ounsel passive non-interference in the treatment of wounds.

Case I. Captain D. Castillo received a bullet wound in the larynx which fractured the thyroid cartilage, making an opening through which the index finger could easily an opening through which the index finger could easily be passed. He breathed through the wound, and lost the power of speech. While waiting for his turn to be attended to, he tied his pocket handkerchief snugly around his neck. When the stampede occurred, he fled to the woods, where he wandered for hours, until he found a ranch. He there purchased a horse and rode sixty miles to his house. It took him four days to accomplish this, and during that time he never attempted to interfere with the handkerchief around his neck or to speak a word. He are nothing, though he drank abund. speak a word. He ate nothing, though he drank abundantly of water, and upon two occasions the milk of cocoanuts, which he relished. When he reached home on the fifth day after the infliction of the wound, his condition was a critical one from general exhaustion. was so faint that after being put to bed he never moved for forty-eight hours, save to raise his hands to oppose any attempts made to remove the handkerchief from his neck, and to take liquid nourishment. On the eighth day the and to take liquid nourishment. On the eighth day the handkerchief was cut away, leaving only that part, about the size of a silver dollar, which adhered to the wound. Over this a fresh handkerchief was tied. The condition of the patient improved steadily. At the end of nineteen days he was up around the house and spoke in an inaudible whisper. At the end of twenty-eight days he partially resumed his military duties, still with the piece of handkerchief adhering firmly to the larynx, and still unable to talk above a whisper. Forty days after the infliction of the wound, the pieces of handkerchief and a thick scale came off. leaving a scar as from a burn, but the thick scab came off, leaving a scar as from a burn, but the aphonia continued for six months, when it gradually began to subside. Eighteen months after, his voice had regained its full resonance, and his articulation was He never had surgical advice, nor did he take a dose of any drug from the day of his injury to the full recovery of his voice.

Case II. Private C. Abadia, while scaling a redoubt, had his left hand crushed, fracturing the bones of the index and middle fingers, part of the flesh being torn off from the internal aspect of index, middle, and ring finfrom the internal aspect of index, middle, and ring fingers. The hand was dressed with a simple bandage at the first line of surgical assistance, by Surgeon J. Guzman, and at the hospital it was decided to amputate the two first fingers at the metacarpo-phalangeal joints. It was while waiting to be operated upon that the panic occurred, and he bolted with the rest. He walked seven miles to a ranch where he had some friends, and remained there for three months, during which time his hand and fingers became almost gangrenous. The frag-ments of the broken phalanges of the index and middle fingers protruded through the putrid flesh and were expelled. After that the inflammation slowly abated, the rounds granulated and filled, and when at the end of three months he reported at his regiment, his hand was almost well. Six months later he was perfectly able to use the hand, and with the exception of a material shortening of the space between the metacarpus and second phalanges of the index and middle finger, his hand was perfect both as to shape and movements. He had used nothing but a lotion of cedar ashes and water to his

Case III. Private F. Betancourt received a bullet wound on left side of forehead. The missile penetrated immediately to the left of the left frontal protuberance, and lodged in the cerebrum about an inch and a half from the surface. He was knocked down by the blow, but did not lose consciousness. He walked to the rear, about half a mile, where his wound was examined by surgeon E. Valdes. Thence he was transferred to the hospital, about two miles distant. He was waiting to have the bullet extracted, when the news of the enemy's advance reached the place, and he fied to the woods. On the following day he was found wandering in a dazed condition by two men who lived in a neighboring ranch. They took him into it and ministered to his wants as

best they could, but dared not interfere with his wound best they could, but dared not interfere with his would any further than to remove the soiled bandages and put on clean ones. Every day for twenty-nine days, more or less brain substance was discharged from the wound, amounting in all to "about half a teacupful." (This is the statement made by one of the rancheros, who, although the property of the statement with the stat though very intelligent, may not have been able to distinguish brain substance from pus.) On the twenty-eighth day three pieces of bone were discharged, and on the twenty-ninth the bullet was found in the dressing. From that day he steadily improved, and on the sixtythird day the wound was completely healed. He had been in a state of semi-stupor up to the twentieth day; he then gradually recovered his faculties, and when the external wound had healed, his mental condition was unimpaired. The scar was depressed about a quarter of an inch, and whenever it was pressed upon, he complained of dizziness and pain. He always kept it covered, having the impression that even the impact of the least current of air caused him pain. When it s covered he said he felt as well as ever.

The history of these cases is taken from the report made to the author by surgeon-major Gregorio Aguero, in charge of the military hospital at Santa Clara, brigade surgeon Thomas Aquino and assistant surgeons Domin-go Sterling and Casalis, who were ordered to make a thorough investigation in the matter of the seventy-

one missing patients.

I will add but one more case illustrative of the fact that the severest wounds may heal without treatment. J. Aguilera, a robust lad of 18, received a lacerated wound, with a very dull carpenter's chisel, in the right thigh in the lower part of Scarpa's triangle. He bled to syncope before surgical aid could be procured, and when Dr. M. Zayas, Sr., arrived, the lad was unconscious, but the hæmorrhage had ceased. Dr. Zayas dressed the wound with a simple compress and a snug three-tailed bandage, and placed a reliable nurse at the bedside with strict orders that if any hæmorrhage was seen, he should apply digital pressure to the femoral artery above the wound, and notify him. But no hæmorrhage took place, and the wound did well. On the eleventh day, when the external wound was almost closed, tetanus supervened, and on the fourteenth the lad died. mortem, at which the author was present, revealed the femoral artery completely severed, and both the cardiac and the distal ends closed by a firm and fully organized

REMOVAL OF THE KIDNEY FOR NEPHRO-LITHIASIS. -At the Charing-Cross Hospital is a lad aged fifteen, from whom Mr. Bardwell removed a kidney on May 5th, and who is now convalescent. The boy had been under observation for about a year with pyelitis and retroperitoneal algeess. An incision was made about ten months ago with the effect of mitigating the symptoms. wound had healed, leaving only a sinus. In April, by sounding through this passage, Mr. Bardwell detected a stone. Yet, although the lad was becoming very anæmic with irregular hectic temperature, no consent for opera-tion could be obtained until the above date, when lum-bar nephrectomy was performed. Two peculiarities rendered the removal unusually difficult, viz.: the dense thick cicatricial tissue and the proximity of the rib to the thick cicatricial tissue and the proximity of the rib to the hilum. Mr. Bardwell cut through the tissues, and came upon the kidney with the stone impacted. An endeavor to extract this latter caused copious bleeding, hence the operator rapidly enulcleated the gland, and passed a ligature round the pedicle an masse. Since want of room prevented removing the kidney entire, it was divided and extracted in two parts. The operation was thus completed very quickly, and with scarcely any loss of blood. Since then the boy has been going on uninterruntedly well, his temperature becoming normal and terruptedly well, his temperature becoming normal and regular, the wound being now nearly healed. This is, we believe, the second successful case of the removal of the kidney for stone.—London Lancet.

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or of By D. A. GORTON, M.D., BROOKLYN, N. Y.,

Editor of the late National Quarterly Review.

It is with feelings of extreme reluctance that we contribute anything to the literature of this most painful and melancholy case, especially from the standpoint of a critic. The time is past when criticism can be of any service to the victim—we will not say patient. It is not too late, however, to serve the interest of medical progress in connection with this case, which, after all, is the larger duty to which an editor of a medical journal is called.

We rise from a perusal of this "Report" of the President's case with a feeling of disappointment. We had been led to believe that when the physician in charge made his report to the profession he would make a clean breast of a disagreeable matter, and place the facts and details of diagnosis, pathology and treatment before it without reserve, that its members might be in a position to form a full and just judgment upon the case. But this Report does nothing of the kind. Indeed, it is less replete with details of treatment than were the daily bulletins during the progress of the case. The writer assumes at the outset that he has a case to defend, rather than to report, and confines himself to a statement of its surgical history, showing, or attempting to show, the legitimacy of his mistake of diagnosis. That he should feel sensitive in respect of making a mistake of diagnosis in so grave a case, every physician can under-stand and appreciate. The profession does not need the apology and defense herein attempted. But perhaps the critical public does need both. Be that as it may, it is to this part of the public, rather than to the profession, that the writer of this curious document addresses himself.

"It is, perhaps," says the writer, "unnecessary to state at this point that I shall not undertake to repro-duce the daily bulletins, nor a minute history of the dietetics, as they are not necessary to enable the profession to comprehend the general treatment as applied to the case, in view of the erroneous diagnosis made, or to the conditions presented by the autopsy " He therefore studiously avoids giving the profession any idea of the measures resorted to for the "sustention" of the patient during his long and exhausting illness. Nor is he any more communicative in respect of the remedies used to combat traumatic fever, and to arrest "the septic con-dition which was present," and to neutralize or obviate the constitutional effects which such a state of the blood inevitably produces. He does, indeed, assert "that most approved and antiseptic dressings were used during the entire progress of the case "By whom are they most approved? Of what did they consist? We should like to know all the details of these "antiseptic dressings," and we doubt not there are thousands of our readers who are equally curious on that subject. So, likewise, does he intimate that Quinine and Morphia were administered with a wise discrimination. Of the use of the former drug we have a decided intimation in this reportwe are advised through private sources that enormous and frequent doses of it were administered—and, at the same time, a reason is given for its use which seems to us extremely puerile. "The question of malarial complication was discussed at this time"—at the time the parotid abscess appeared, he writes,—"but it must be remembered that Quinine had been given in tonic does much of the time; and operationally when partially much of the time; and occasionally, when periodicity was noticeable, sedative doses were administered for a period of twenty-four hours at a time." We do not remember to have read, in the annals of medical practice, a graver error than that embodied in this statement. The writer seems oblivious of the well-known fact that medicine, in large or "sedative doses," either does good

PRESIDENT GARFIELD."\*

By D. A. GORTON, M. D., BROOKLYN, N. Y.,

Or harm, according to its fitness or unfitness to the case to which it is administered; equally oblivious is he of the propriety, yea, necessity, of studying the condition of the case in hand and meeting its exigencies as they occur, by fulfilling the indications as they arise. It is not pretended that in the unhappy case under review there existed any special indications for Quining in either large or small doses. On the other hand, it is admitted that there did exist a septic condition of great gravity, cailing for the most prompt and persevering application of antiseptic remedies. From this most grave and alarming condition, and, at the same time most promi-nent indication for treatment, the physicians in charge turned away, and sought to meet indications which did not exist, which, in fact, could not exist under the cir-cumstances, with doses which, according to the best writers on old school therapeutics, could only have the effect, in their wrong relation, to induce serious com-plications. With equal plausibility could they have administered huge doses of Salicine or Colchicum for the purpose of anticipating gout or rheumatism; or iron or turpentine to ward off a possible invasion of Bright's disease; or massive doses of antimony or tartar emetic to stay an apprehended attack of pneumonia. The physician who should fail to observe and meet the indica-The phytions of his patient from day to day as they occur or are likely to occur in the natural course and progress of the disease, and who should seek rather to anticipate conditions which, from the nature of the case, are not likely to occur, would be looked upon as nearly allied to the ape as any tailless creature could well be. Yet, the physicians—say, rather, surgeons—in charge of the case of the late President, not only committed this very error, the late President, not only committed this very error, but refused to see in the grave symptoms of the first relapse, evidence of blood poisoning, and to shape their treatment in conformity therewith. It was quite obvious to every physician, not in the case, that "the parotid abscess was," in the language of the Lancet (London) "the first distinct indication of blood poisoning; and we must express our stonishment that surgeons were found. must express our astonishment that surgeons were found who refused to admit this interpretation of that sympwho retused to admit this interpretation of that symptom "—(Sept. 24th.) From the date of this abscess, the central problem involved in the case was, How to obviate or prevent the development of the septic condition which had then set in. That this great problem did not engage the attention of the "great" minds in charge, except in the dressings, is evident from the Report carefully made by the surgeon in charge.

fully made by the surgeon in charge.

The writer of the Report before us lays great stress on the fact that the favorable prognosis which he made of the case from the first, and adhered to with strange pertinacity to the last, was justified by his diagnosis, or theory of the course of the bullet and the nature of the wound. "It is but justice to myself," he writes, "to state that my prognosis was based on a lesion of minor importance. Had our diagnosis been correct modern surgery should have conducted the case to a successful termination." Perhaps so. But, while the medical pro-fession will freely accord the professional vanity of the writer all the comfort he can derive from the concession of the claim he makes, it will long remember that he held to his hypothetical diagnosis, and continued to treat the case on a hypothesis, long after the indications for a change of treatment were unmistakable, and the propriety of proceeding upon a conjecture had lapsed. We do not remember ever to have observed so marked an instance of purblind obstinacy, in men of admitted intelligence, as is here exhibited. Septicæmia became more and more marked day by day; the form wasted away like snow in June; rigors came; the brightness of the faculties waned; the mind wandered; the face lost its "lines of expression"; still, the surgeons continued to hold to their original diagnosis, and since this was favorable, to insist that the patient would recover!

The position of the "eminent" surgeons in charge of this case may be illustrated, and its absardity made

<sup>\*</sup> The Medical Record for October 8th, 1881.

more manifest, by a parallel case, which, for our purpose, shall be non-surgical and hypothetical. The case is one of simple coryza, or cold in the head. The doctor settles upon the diagnosis, prescribes the usual remedies, and proceeds to watch the development of the case. He calls often and records his observations. Meanwhile, the symptoms become more troublesome. From perpetual sneezing a harassing cough supervenes. The doctor symptoms become more troublesome. From perpetual sneezing a harassing cough supervenes. The doctor insists that there is no danger; sits by the bedside of his patient at frequent intervals, and at frequent and troublesome intervals takes his temperature and counts his pulse beat and respirations. "It is nothing but coryza," he says, "the case will recover." But weeks pass, and the unhappy patient not only does not recover, but presents strongly marked symptoms of constitutional disturbance. The friends are anxious and importuning. Eminent counsel is called in. It is agreed on every Eminent counsel is called in. It is agreed on every hand that it is a case of simple coryza. "No case of coryza ever dies," they insist. But the case lingers. The attentive doctor continues his observation on the temperature, pulse, and respiration, and reports them as nearly normal. Appreciable doses of Quinine are admin-istered to ward off a possible onset of malaria. The pa-tient continues to decline. He complains of pain in his tient continues to decline. He complains of pain in his extremities, which are relieved by hypodermic injections of *Morphia*. He grows weaker; has cough and purulent expectoration. Evident indications of dyscrasia supervene, which are combated with measures of "sustention" in the form of tonics and stimulants. Despite the evident gravity of the patient's condition and the obvious signs of an early collapse, the doctor's prognosis is still favorable. "The case is one of simple control of the patient of the case is one of simple control." should die of it." He takes the patient's temperature, should die or it. He takes the patients temperature, counts the pulse-beat and the respirations, and reports them as not unfavorable. Finally, in a paroxysm of coughing, during which an arterial aneurism is ruptured to the surprise of all, more especially the hopeful doctor, the patient makes a few gasps for breath and dies. An autopsy of the case follows, and this by a report by the physician in charge, in which he says. or might say, in the high sounding, inflated rhetoric of the writer of the report on the case of President Garfield: "I desire to the high sounding, inflated rhetoric of the writer of the report on the case of President Garfield: "I desire to say, in a brief review of the leading facts as to the general conduct of the case, that it has been apparent to the medical reader that my prognosis was favorable, and notwithstanding the mutations, I augured a successful termination. It is but justice to myself to state that my prognosis was based on a lesion of minor importance. Had our diagnosis been correct, modern surgery should have conducted the case to a successful termination. \*\* have conducted the case to a successful termination. I was not always able, during the progress of the case, to account for many of the more profound symptoms, and yet could not succeed in learning of any more ex-tensive or complicated lesions than were first suspect-Or, in other and more direct terms, "my theory of the case from the beginning was coryza; my treatment and prognosis of the case were based on that theory. I had every assurance that, had my theory of the case been well-founded, 'modern medicine should have conducted the case to a successful termination.' am right or wrong in this conclusion, I leave to the judg-ment of my medical compeers."

We submit that with this Report before them there

can be no difference of opinion among thinking men, be their medical bias what it may, as to the shortcomings of the conduct of the case of the late President, nor as to the professional incompetency of the physician in charge. The surgery of the case will not bear criticism, as the post-mortem disclosures conclusively show. But the case from a medical point of view presents a degree of professional obtuseness which is, we venture to say, without a parallel in the annals of clinical medicine. For greater clearness of apprehension, this conclusion may be summarized in three propositions, as follows:

1st. An error of diagnosis was confessedly made in the beginning and adhered to to the end.

2d. The medical treatment of the case was what Niemeyer has aptly termed "Nihilistic," or what was a few years ago known as "Expectant," a method which had a few followers a quarter of a century since, and which has none at all at the present day, unless it be the which has none at all at the present day, unless it be the surgeons in charge of this case. It must be conceded that the case was watched with commendable industry, and its progress properly observed and recorded; but it does not appear from the report of the case, or from the bulletins issued during its progress, that measures were taken, at all adequate for the occasion, to prevent the burying and absorption of pus, or to obviate its disastrous consequences after its absorption had

ate is dissisted taken place.

3d. The surgeon in charge of the case exhibits more anxiety to establish and maintain a logical relation between his unfortunate diagnosis and prognosis than to profit by the lesson of his defeat and discomfiture in

its course and conduct.

The drawings as published in connection with the Report are excellent and afford a clear idea of the patho logical anatomy of the case.

### CAN CATARACT BE CURED BY INTERNAL MEDI-CATTON?

By GEO. S. NORTON, M.D., Surgeon to the N. Y. Ophthalmic Hospital.

In medical literature, especially homocopathic, a large number of wonderful cures of "cataract" have been re-ported. It must be said, however, that the majority of ported. It must be said, however, that the majority of these cases were recorded many years ago, when ophthalmology was in her infancy; though occasionally now we read of some marvelous cure under internal medication. Besides this, the question is frequently asked by physicians as well as patients, "Can cataract be cured without an operation?" Before answering, let us see what is understood by cataract. It is an opacity of the crystalline lens, and nothing else. Formerly, yes, and also at the present day, the diagnosis of "cataract" was often given to every white spot or opacity which interfered with vision; all opacities of the cornea from scar tissue or infiltration have been so diagnosticated. These tissue or infiltration have been so diagnosticated. These opacities, especially from infiltration into the cornea, have been absorbed under internal and local treatment. and thus many of the above mentioned cures may be

Turning now to true cataract, let us first see what are the causes, and, second, what are the pathological changes in opacity of the lens. The lens depends chiefly for its nutrition upon the aqueous and vitreous humors, which receive their nutrition from the uveal tract, especially the ciliary body. Therefore, any disturbances or pathological changes in these fluids which deteriorate or interfere with the osmotic process through the zonule or lens, will cause an impairment of nutrition, which shows itself by cloudiness of the lens. (This of course does not apply to traumatic cataract, in which the capsule of the lens is ruptured, and the fluids, coming in contact with the lens fibres, cause a loss of transparency.) These changes may be dependent upon various intraogu-These changes may be dependent upon various intraocular diseases or constitutional disorders. Cataract is es ner useases or constitutional disorders. Cataract is especially found in old age, when, on account of an insufficient blood supply, and consequent diminution in the watery constituents of the lens, its nutrition becomes

The pathological changes in cataract may be progressive sclerosis or regressive metamorphosis of the lens fibres. In the normal condition of the lens, the central fibres. In the normal condition of the iens, the central fibres are harder than the peripheral, and thus receive the name of the nucleus of the iens. As age advances, this nucleus becomes more and more hard, although its transparency does not become involved except in extreme old age, or when the nutrition becomes deficient, when a pure sclerosis takes place with loss of transparency less large strise will be found extending from the periphery towards the centre. These are dependent upon a granular condition of the lens fibres at first (which is the beginning of fatty degeneration) with the lens in the lens of the lens fibres at first (which is the beginning of fatty degeneration) with the lens of the lens o In senile cataract, however, as well as cortical, more or beginning of fatty degeneration), with globules of liquor Morgagni. Later, as the destruction of the lens fibres goes on, they may have spindle-shaped enlargements, become fluid, undergo fatty degeneration, or result in

become fluid, undergo fatty degeneration, or result in deposits of lime, etc.

Having now briefly referred to the causes and pathological changes usually found in cataract, we are prepared to answer the question which heads this article. When selerosis or destruction of the lens fibres have taken place, as indicated by a dense yellow-white opacity of the nucleus of the lens, or by opaque strin, especially from the periphery to the centre, no improvement can possibly result from internal or external medication. There has been such destruction of a portion of the lens substance that it is impossible for absorption to take place and for regeneration of transparent lens fibres to occur. We have watched many of these cases for several years, with and without treatment, and have never yet seen improveand without treatment, and have never yet seen improvement in the size or character of any opaque strize in the cortical substance of the lens, or in the pathological

changes in the nucleus.

Although cataract cannot be cured by internal remedies, yet there is a very important sphere of usefulness for them in the treatment, viz, in *checking its progress*. By reference to the causes it will be seen that opacities in the lens are dependent upon deficient nutrition, which is pathological and not physiological. Remedies, there-fore, which will correct any disturbances in the uveal tract, or humors of the eye, will prevent any increase of the haziness in the lens. The indications for these remthe haziness in the lens. The indications for these remedies may be entirely local, or, as is more commonly the case, will be found in the general condition of the patient. Those disturbances in nutrition which lead to cataract are not irremediable in the large majority of cases, although they will require watchful care for years, as any constitutional trouble, overuse of the eyes, years, as any constitutional trouble, overtise of the eyes, or ocular disease is liable to cause a recurrence of the deficient nutrition. In some cases, but they are in the minority, the haziness of the lens will steadily increase, notwithstanding our most careful selection of remedies. This may be due to causes which cannot be corrected by remedies, or it may be dependent upon our imperfect knowledge of drugs. It has been an exception, in our practice, after watching cases for years, to have failed to check the progress of cataract when seen early. Most of the cases in which it has increased have been dependent upon acute and severe local or constitutional dis and the progress of the cataract has been very rapid. If the changes in the lens have so far advanced that a use-ful amount of vision has not been preserved, no internal treatment should be advised, but the cataract be allowed to mature, when it should be extracted.

In all cases the degree of vision should be carefully tested with proper test types, and be recorded each time the patient is seen, in order that any improvement or deterioration of vision may be at once recognized. ome instances, after the administration of internal remedies, we are surprised to find that the vision has improved, without any perceptible change in the opacities of the lens. This is no doubt due to a diffuse haziness of the lens assulting from the impaired nutrition. It may be so slight that its detection with the ophthalmoscope is rendered impossible, yet when nutrition becomes re-established, it disappears, and the vision is more or less improved, without any real change in the cataract

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In our selection of remedies we are governed to a great extent by the general condition of the patient. Espe-cially is this true in semile cataract without apparent changes in the ocular tunics or humors. If there are changes in the choroid, ciliary body, or vitreous humor, our treatment is influenced decidedly by those changes. The remedies which have been found more commonly called for in uncomplicated cases of cataract have been Calc. carb. and phos., Caust., Magn. carb., Phos., Puls., Sepia, Sil., and Sulph.

### ETIOLOGY OF SPINAL CURVATURES.

BY GEO. H TAYLOR, M.D., NEW YORK.

The prevailing diversity of opinion among physicians respecting the proper treatment of spinal curvatures, indicates that the subject may be discussed with profit. The general lack of perception by the sufferer and his friends of the fact that deformation of the spine may ossibly sustain the relation of effect to some adequate possibly sustain the relation of effect to some adequate though invisible cause, suggests the probable useful-ness of the extension of such inquiries beyond the ranks

of the profession.

The manifest leaning of physicians to the mechanical suggestions of their patrons, the ease with which they abandon their most difficult and trying cases, calling for the best 'resources of scientific skill, to the tender mercies of the instrument-maker and the specialistwho appear determined to see and to know nothing be-yond the visual objective realities of these cases—is a reproach to the profession. The practical consequence is, that unfortunates of this class are usually subjected to a form of treatment having the least possible relevancy to the pathology of the case.

The present purpose is to so array well-known and undisputed facts of anatomy, mechanics, physiology and pathology, which bear on the subject in question, that the inferences practically deducible therefrom shall be convincing and conclusive as to what treatment is, and what is not, proper to give the case. These conclusions will be amply sustained by experience exactly opposed to current methods, affording ample basis for a revolution in the therapeutics of this whole class of

As the conclusions to which we shall be led are, in the light of current methods, radical, invite criticism, and challenge disproof, they may be briefly stated in advance. These are, that this class of affections—of advance. These are, that this class of affections—of whatever outward sign—are only the effects and products of deeper-seated causes, the removal of which should be the primary purpose, and without which no really useful results are attainable; that mechanical really useful results are attainable; that mechanical treatment by so-called supports, which virtually ignore and practically neglect the real affection, is generally nugatory—often mistreatment; that it is based on a misconception of the real nature of the affection so treated, and a still greater mistake in regard to the effects of the remedy; that the use of instrumental support is infallibly projudicial to recovery infallibly. port is infallibly prejudicial to recovery, inflicting in-juries which sometimes imperil life itself, without probable or possible compensating advantages; that such mechanical treatment is needless, the apology for its use being want of knowledge of any superior effectual method of treatment.

To render clear the proof of the positions here assumed, it will be necessary to briefly call to view the salient facts of the structure and functions of the spinal column, and physiology connected with the mainte-nance and restoration of its diversified form; and sub-sequently of the origin of those established defects which render angular curvature the opprobrium of the

he spinal column, composed of superimposed, separate blocks of the most spongy and open bony structure, having very broad articulating faces, between which are interposed layers of peculiarly dense but very elastic cartilaginous substance, is adapted at once to the duty of great resistance of superincumbent weight, and to a certain degree of flexibility. To bend freely in every direction, in obedience to controlling dynamic forces, and not only to bear the weight of the trunk, but, in addition, to withstand the force which all the muscles are capable of, are therefore its functions.

Let it be particularly noted, that the great irregularity in shape of the vertebræ, including its laminæ and pro-cesses, affords a very large surface for the attachment of muscles. This we shall ultimately find to be of important therapeutic significance. Also, that the diameter of the bearing faces of the vertebræ is, throughout, much broader than the diameter of the bodies-another principle of construction of great therapeutic import.

From these mechanical peculiarities it follows that, while the vertebral column is a mechanically ex-tended elastic structure, affording leverage and resist-ance commensurate to the power of the muscles added to the weight of the trunk, yet it obediently yields to the dominant function of the muscles connected with it on every side; the latter being vito-dynamic, while the former is vito-mechanical in function; and it necessarily yields to the stronger force when there is want of equality exercised by opposing muscles of the two sides; and lastly, when the force of gravitation becomes supe-rior to that of muscular action, by reason of partial failure of the latter, then the weight of the body—or of a portion of it—becomes the directing force to control the spinal column, which readily yields to it. It, however, follows that the shape of the spinal col-

umn-at least, as regards its curves-is the conjoint product of the mutual action and reaction of the differing forces that act upon it. viz., the lateral and the spinal muscles, and the bodily weight, or gravitation; and this principle is equally true in all degrees of health, in muscular asymmetry as well as symmetry that is to say, in those variations of physiology denominated pathology, as well as in the best of health.

In respect to manner of support, the spine has been

not inaptly compared to the mast of a vessel, having little power of sustentation, but whose whole power of resistance to lateral forces resides in its "stays," or ropes, extending from it to various parts of its surrounding base of support; the failure of any one of these permits

the erect structure to sway to the opposite direction.

The flexibility of the spine, and the physical neces for maintaining the centre of gravity of the whole body within the base of support, are modifying circumstan-ces which, operating in connection with the causes above mentioned, produce all the varieties of curvature found in actual practice; as single and double lateral,

antero-posterior, etc.

In respect to lateral curvature, these etiological principles scarcely admit of question or afford reasonable ground for disputation. Differences of opinion are, therefore, mainly confined to therapeutics, if, indeed, a misapplication of mechanics may be so called. The a misapplication of mechanics may be so cared. The ordinary practice consists in applying mechanical force to the deviating portions of the column, to compel it into position and to hold it there. This is done regardless of the causes which produced deviation, with absence of any serious or practical attempt to remove such covers and of the extra practical attempt to remove such causes, and of the actual practical apprehension of the consequences of the procedure adopted.

The rational and radical method of restoration consists in restoring the weakened muscular supports to their due power, the loss of which—usually from avoidable causes—is cause of deviation in shape. The natural and wonted action of these restored instruments of force is constant and reliable, and controls the deviating portions of the spine in exact ratio to their restoration, till these portions are brought to the desired

shape and position.

The therapeutic problem plainly consists in instigating the proper and effective means for restoring the power of the defective muscles. The local parts, wasted by imperfect local nutrition and support, require to be fortified, and the natural power and development supported. This matter, it is easily seen, is more connected with physiology and hygiene than with me-

chanics, and requires no extraneous leverage and force.

The physician who sends these cases to the mechanic or instrument-maker, fails in his duty, and incurs a

fearful responsibility. It is not concealment of deformity which the patient really needs, but instruction; particularly the patient must rectify long preceding physiological and hygienic accounts with wrong balances.

This is an eminently practical matter, the details of which may in many cases be entrusted to the instructed patient. These details often consist in little more than practically reversing the very processes whereby the deformity was unconsciously acquired. Many an intelligent invalid, after receiving from the writer a proper idea of the principles here briefly sketched, with such practical instructions as might be adapted to the pecu-liarities of the case, has been able to secure for himself perfect restoration of form by self-treatment.

The living body is ever changing, and its changes are very largely under the control of intelligence. It is exceedingly plastic in all its parts. Even the most rigid parts, including even the osseous system, will always itself to experience and well directly endeather. yield to persistent and well-directed endeavor. The principle is quite as true in the cure as it is in the formation of curvatures and many other deformities.

But the forced conformity produced by so called supports does not, even in theory, extend to real cause, only to certain phases and products of that cause, and is in the end of no practical effect. It conceals rather than restores. It continues the weakness of the weakness and procludes cultivation of defeating local parts, and precludes cultivation of defective local power. It deceives to the last, and renders radical

treatment and cure impossible.

It is evident that the same general principles apply in antero-posterior curvature as in lateral. In the antero-posterior, however, in addition to faulty support of the spinal muscles, there is the habitual position of the body, favoring a forward inclination, that becomes a directing cause of deviation. The spine consequently bends forward instead of sidewise, and the tendency to fixed position—which we shall hereafter see is an important element in vertebral disease-is far more pro-

In these cases the effect of deficient musculo-spinal In these cases the enect of dencient musculo-spinal support is very clear to the most cursory observation. Professional astateness is hardly required to dictate the true principles of radical treatment. This should, of course, consist in strengthening the spinal muscles, by the use of proper and adequate means. The use of braces, or even of suspenders, to force back the inclination produces the actual effect of diminishing and not that of developing the supporting numerical. ing, and not that of developing the supporting muscles, and never in the end can produce any but prejudicial ef-It is not substitution but development that is required, and these are far from being equivalent agencies, and produce exactly opposite effects when applied to vital needs.

While the above statements are eminently susceptible

of practical and therapeutic demonstration, open to all who have patience to investigate, there is another principle at the bottom of muscular asymmetry that should be pointed out. This is, that weakness of special sets of muscles is an infallible indication of weakness extending to the whole muscular system, and that the curve is generally a constitutional, as well as a local defect, and must be rectified as such.

It is a fact of observation that, with general decline of muscular power, the use of power which before was well distributed among antagonizing muscles increases in special and favored parts. This is almost a necessity from the fact that the resistances to be habitually overcome are the same, while the general capability is diminished; special parts become more frequently while other parts are neglected. The subject of lateral curvature, for example, becomes not only extremely curvature, for example, becomes not only extremely right-handed, but also excessively right-legged. The dynamic power of the body finds expression in the fewest possible muscles, hence their comparatively greater development, and the little resistance the opposing muscles offer to the deviation of form which such partial use is certain to produce.

# CLASSIFICATION OF CLINICAL CASES INTO HOMEOPATHIC AND DYNAMIC. IS DYNAMIC PRACTICE HOMEOPATHIC? character, and on this wise. In the footnote to the 270th paragraph of the Organon, he says: "I dissolved a grain of Natron in half an ounce of a mixture of water and a little alcohol, poured the solution

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BELIEF IN THE THEORY OF DYNAMIZATION A SINGULAR DELUSION.

It is indeed a singular fact that, after an experience of It is indeed a singular fact that, after an experience of half a century, so much of mystery, vagueness, and one might truthfully say, superstition, still exists with regard to the theory of dynamization—an hypothesis the like of which, for bald absurdity, pure fictitiousness, and absolute unreasonableness, probably never before disturbed the minds of medical men. The hold which this delusive theory has taken upon a portion of the homeopathic school affords a striking illustration of the credulity of the human mind. It is a matter of astonishment, bordering on the marvellous, that a theory so visionary, unpublicosphical, and withal, both theoret. so visionary, unphilosophical, and withal, both theory ically and practically impossible of application; one, the baselessness and absolute falsity of which, from a homcopathic point of view, has been demonstrated by the ablest and most reliable representatives of our school, should still have its zealous supporters and earnest advocates. Did we not know many of them to be sincere and honest workers in our school, we should class them with rattle-brained enthusiasts, devoid of the last vestige of that desirable quality of mind, common sense; persons whose opinions and recommendations were unworthy of the slightest consideration. Being, however, personally acquainted with many of the representatives of this singular delusion, and being compelled to admit the ingenuousness of their motives, we must bear with their short-comings, and, at the same time, by argument and example, endeavor to point out to the younger members of our school the errors embodied in Hahnemann's theory of dynamization and the danger to homocopathy which it plainly involves.

THE INFREQUENCY OF CURES EFFECTED BY HIGH POTENCIES.

At this late day it would appear to be a work of super-erogation to enter upon an exhaustive discussion of this erogation to enter upon an exhaustive discussion of this subject, particularly on account of the purely fictitious nature of the proposition on which it rests, the theory of dynamization not having a semblance of reasonableness, being a philosophical absurdity, and its successful application, from a homeopathic point of view, a practical impossibility. But, overlooking the untenable nature of the theory on purely technical grounds on applying it. the theory on purely technical grounds, on applying it in practice the assumption that so-called homocopathic remedies act more homocopathically when developed by dynamization—that is, freed from material elements s abundantly disproven in practice.

The daily experience of homœopathic physicians, the world over, conclusively demonstrates that cures effected by dynamized remedies are the exception, not the rule. The infrequency of action of high potencies renders their use a matter of extreme uncertainty, even when every known principle of homocopathic application is complied with. This is the universal testimony of by far a large majority of the homocopathic profession. I make this statement without fear of contradiction, and in the full knowledge of the fact that some of the prominent members of our school, professors in our medical colleges, exhibit their pocket cases and announce to their students that they seldom resort to potencies lower than the thirtieth or two hundredth.

HAHNEMANN'S OWN TESTIMONY AGAINST DYNAMI-ZATION.

It is, however, as previously stated, a work of super-erogation to enter upon an argument showing the false foundation, from a homocopathic point of view, on which the theory of dynamization rests, when Hahnemann himself has so forcibly set forth its absolutely chimerical

into a vial, which was thereby filled two-thirds, and shook it uninterruptedly for half an hour. By this agitation the fluid attained an energy equal to that of the thirtieth dilution."

Now what have the admirers of high potency practice to say regarding so stupid a performance as this? How can they, in the exercise of the least modicum of common sense, seriously defend high potencies, when Hahnemann has conclusively demonstrated in this experiment the absolutely rotten and untenable foundation of the theory of dynamization? By his own showing it is as unreal as the "baseless fabric of a dream." In one paragraph he states explicitly that the thirtieth attenuation can be prepared only by carrying the process of reduction through thirty consecutive vials, thereby carrying it infinitely beyond the possible limit of material elements; and then, in another, by the foregoing experiment, without changing the contents of the vial, proves the whole

process to be absolutely unessential.

And yet, in plain view of so ridiculous a procedure as this, performed and recorded half a century ago, by the author of this unphilosophical theorem, and shown by overwhelming evidence in the daily experience of thousands of homocopathists every year since, as far as it has any bearing upon the homocopathic principle, to be absolutely false, unreliable, and of no advantage in practice; and yet, I repeat, there are members of our school still endeavoring to follow Hahnemann's con-tradictory and unreasonable directions, and even now racking their brains in their futile efforts to extemporize some plausible theory, based on analogy or experience, showing the possible or presumptive relation of this absurd theory to homœopathy.\*

DYNAMIZATION AN ELEMENT OF FORCE, HAVING NO

ESSENTIAL CONNECTION WITH HOMOGOPATHY. In these efforts this class of enthusiasts have not been successful, and they never will, for the reason that none exists. It has no relevancy to homoeopathy. It is an element of force, developed by agitating the contents of the vials, which contents have no bearing upon the disease to be treated.

This is plainly evident from the notorious fact that the presence or absence of a medicinal substance at the beginning of the process of dynamization is actually unimportant. It matters not whether an active poison, an inert substance, a non-medicinal element or even a nutritious article of food is employed—the result, after a certain process of agitation, is uniformly the same. That is to say, it is a matter of indifference whether arsenic, dog's milk, sugar of milk, the rays of the sun or moon, or "the essence of the east wind," whatever that may be, is used, dynamization will develop them all, by its simple, secret influence, that of agitation, into homocopathic remedies of marvellous curative power! Indeed, Hahnemann has proved, by the experiment previously described, that the absence or presence of a drug is a matter of no significance whatever

DYNAMIZATION AND HOMOSOPATHY NOT IDENTICAL.

In making the foregoing statements I am doing that which will, no doubt, draw out severe criticism from those who have followed Hahnemann in the wiles of his mazy transcendentalism. I have no desire to enter upon an argument with this class of homeopathists. With most of them argument is utterly useless. They are joined to their idol; let them alone! I am induced

to make these assertions in the hope of influencing the younger members of our school, many of whom have been taught at Homœopathic Medical Colleges, that dyn-amization and homœopathy are identical; that they form

<sup>\* &</sup>quot;Proofs of Medicinal Power Beyond the Limit of Drug Attenuation." By C. H. Lawton, M.D., of Wilmington, Del.

component parts of a system, the separation of which cannot be effected without the destruction of the homo-

opathic element therein.

This pernicious and dangerous doctrine is still so strongly intrenched in our medical schools and State and National medical societies as to prevent, under cover of interference with individual rights, a free and untrammeled discussion, and to frown down any action on the part of these associations looking to a movement in opposition to the ridiculous and untenable theory of dynamization, or the adoption of a declaration expressing disbelief therein. There are, however, many encouraging indications that the power and influence of this faction in our school is waning, and that it will ere long have to give way to sentiments more in harmony with advanced and rational principles in medicine.

CLASSIFICATION OF CLINICAL CASES INTO HOMOEOPATHIC AND DYNAMIC.

With a view of promoting this desirable end, I have offered, at meetings of our State Society, a resolution designed simply to effect a classification of clinical cases. thereby separating those purporting to have been treated by so-called high potencies—those cured dynamically, from those treated by low potencies, which were evi-dently cured homeopathically.

THE RIGHT KIND OF EVIDENCE REQUIRED.

Believers in the non-homocopathicity of high potencies neither deny the fact of the cure, nor that it is brought neither deny the fact of the cure, nor that it is brought about by immaterial force. They claim that when the latter is evidently the curative agent, by far the preponderance of evidence is against the assumption that it is homæopathic force, or that the proper application of the homæopathic principle has any connection therewith. They have reached this conclusion after having found below experience that the alloged averaging the statement.

by long experience that the alleged cures do not occur with sufficient frequency to warrant the inference which the advocates of high potencies are endeavoring to thrust upon them. It is plain as the light of day, therefore, that any argument, based on present knowledge, designed to reconcile the views of these two parties, is designed to reconcile the views of these two parties, is utterly futile. Argument, reason and discussion are uncalled for, in fact, harmful; because, being unsupported by the right kind of evidence, they engender strife and division where harmony and union should prevail.

Heretofore nearly all the evidence adduced has been untrustworthy, being furnished by the results of indi-vidual experience only. This kind of evidence is unreli-able because the cases are exceptional ones, the proporable because the cases are exceptional ones, the propor-tion of cures to failures being never given; also because a large percentage of reputed cures are failures, which, on account of the enthusiasm of their authors in their zeal to substantiate a pet theory, have been reported too

RESULTS OF INDIVIDUAL EXPERIENCE UNTRUSTWORTHY.

IMPORTANCE OF OBTAINING EVIDENCE BY MEANS OF ORGANIZED ASSOCIATIONS.

For the foregoing reasons data gathered and conclusions deduced from results of individual experiences, unless the total number of cases treated showing the ratio of failures to cures is given, are almost necessaril erroneous, hence are of no value in estimating the rela erroneous, hence are of no value in estimating the relative frequency of reputed cures by high potencies. It is plainly evident therefore, that, in order to obtain accurate data, founded on the right kind of evidence, the work of subjecting the use of high potencies to thorough scientific examination by organized medical associations is imperatively demanded, and should be entered upon as soon as practicable. Until this is done, and the process repeated many times for verification, it is useless to theorize on this subject. theorize on this subject.

potencies; since then few or none have appeared—a circumstance which may be considered in the light of a most emphatic endorsement.

A similar series of experiments, conducted under organized auspices, in such a manner as to secure results organized auspices, in such a manner as to secure results uninfluenced by any curative element other than that derivable from the proper homocopathic remedy, will quickly and surely set the question of the homocopathic-ity of these reputed cures forever at rest, and will, without doubt, reveal the inexpediency of offering other theories, however plausible, regarding the modus oper-and of their action.

With this purpose in view the following resolution has been twice presented for consideration at the meet-ings of the New York State Homosopathic Medical It was lost in 1880 by a vote of thirteen to five, and at the last annual meeting by a majority of two only. This significant fact indicates a determination on the part of the homoeopathic school to meet this practical question in a fair and impartial manner. It is reasonable to presume, and it is to be hoped that ere long this greatly needed investigation will be instituted and faith-

greatly needed investigation with the fully and honestly carried out.

"Resolved, That there be established a department of Dynamic Medicine, the members of which shall be same manner as those of other similar bureaus, to which shall be referred all reports of cases presented to the Society or gathered from other sources, alleged to have been cured by attenuations higher than the twelfth potency."

A DISTINCTION TO BE MADE BETWEEN MATERIAL AND DYNAMIC DOSES.

Homocopathy has acquired an acknowledged standing as a reliable system of therapeutics, and it maintains its position against the fiercest opposition on account of its undoubted superiority over other systems of treatment. Within the homeopathic school are those who, in applying this system, adhere only to the use of material doses. There are also others who resort, with greater or less

Trever are also others who resort, with greater or less frequency, to immaterial or dynamic doses.

To many persons that which is vague and mysterious has an irresistible charm. They cling to it with even greater tenacity than to that which is logical and phicosophical. To this class of minds in our school we do not look for support in this movement. They will oppose our reasonable propositions. Logically they ought not; but they will instinctively. They dread the bright light of truth. They hold, as with a death-grasp, to the unreal and mysterious. It is apparent that this class of minds have held sway in our school far too long. The time has come for the exercise of greater caution on our part in the use of methods resorted to for promoting the dissemination of homocopathic truth. In the interests of harmony we have allowed this dynamization "craze" to go to seed. The fruitage is of the nature of gall and to go to seed. The fruitage is of the nature of gall and wormwood. It is not an agreeable picture to contemplate. Of late years very serious doubts have arisen regarding the homeopathicity of reputed cures by dynamic doses, on account of the very extreme lengths to which this phase of so-called homeopathic practice has

### THE LIMIT OF HOMODOPATHIC ATTENUATIONS.

The use of dynamized remedies in our school has reached absurd and ridiculous proportions, mainly be-cause we have heretofore, with a strange want of fore-thought, entirely ignored a reasonable and natural *limit* to the extent to which the attenuation of homeopathic remedies can be carried. We ought long ago to have erected a standard within which we can safely assume homeopathic action, and beyond which are the unknown realms of immaterial force, the laws of which, if in any manner relevant to homeopathy are so mysterious and The relative frequency of alleged cures by high potencies is a matter easy of demonstration. No greater difficulties hedge it about than environed the Milwaukee test. Prior to that memorable experiment homeopathic doese reject dynamic practice, because they are convinced journals frequently published bogus provings by high homozopathic. It is with a view of determining this question that the classification of clinical cases into homceopathic and dynamic is proposed.

### THE DOCTRINE OF THE MINIMUM DOSE NOT AN ESSEN-TIAL PRINCIPLE OF HOMOSOPATHY.

The reputed dynamic cures by immaterial doses are the result of Hahnemann's directions to prescribe the smallest possible, or, in other words, the minimum dose.\* The doctrine of the minimum dose has been considered, many years, to be one of the essential principles of hom-copathy. It has wrought incalculable mischief by its unreasonable and unsound processes of manipulation and evident non-homocopathic tendencies. It has, at length, assumed a degree of prominence to which it is not entitled, and has forced the whole school into an unwilling association with, and tacit endorsement of, a most extravagant and unjustifiable method of practice; one which, from the beginning, has been the principal hindrance to the general acceptance of homeopathy by the medical profession.

### INCENTIVES TO IMMEDIATE ACTION.

Objection has been made to the foregoing proposition on the ground that it may be in some way, directly or covertly, an attack upon homocopathy. On the contrary it will, instead of proving an element of weakness become a tower of strength.

Let us no longer treat this subject in a timorous or time-serving manner. Let us enter at once upon the only thoroughly effective method by which the elucida-tion of this difficult problem can be effectively and authoritatively decided. Let us, a body of resolute and authoritatively decided. Let us, a body of resolute and earnest workers in the fields of research bearing on this element of homosopathic practice, fearlessly pursue the line of investigation in the method proposed, in the confident expectation of securing results which will prove of advantage to true homosopathy and of benefit to

The immediate work, therefore, for us as a school to attentively consider and enter upon, is the separation of that which is visionary, hypothetical and evidently psychological, from that which is sound, reasonable and plainly homoeopathic.

### WHAT DR. ARNOT'S FIGURES SHOW! HOMOSOPATHIC CURES VS. DYNAMIC CURES,

The report presented by Dr. H. R. Arndt to the Michigan Homeopathic Medical Society, a summary of which is published in the September number of this journal, page 172, furnishes statistical evidence that will be a september of the second se that will go a great way toward dissipating the pre-tentious claims put forth in some quarters in behalf of dynamic practice. The advocates of dynamic medicine have struck a snag, or rather a snag has struck them, which will force them into port for repairs, and will afford them ample time to make a careful survey of the situation before setting out upon another reckless adventure.

The preposterous claim is repeatedly put forth that dynamic and homocopathic treatment are essentially that the cures resulting therefrom are brought about by the same means, namely, the adminbrought about by the same means, namely, the administration of the proper homeopathic remedy; that although, in dynamic practice, merely the shadow of the drug has been applied, its imagery (the size of it) is all there; hence, its very thinness makes it even more thoroughly homeopathic. A few more such searching analyses as the one furnished by Dr. Arndt will at least let in a flood of light upon the potency question, and will prepare the way for designating all practice by potencies above the twelfth by the appropriate name "dynamic;" and will thereafter relieve Homeopathy of the opprobrium of association with this singular medical phantom.

### WHAT THESE FIGURES SHOW,

These figures furnish very gratifying evidence in support of homocopathic treatment, i.e., the use of at-tenuations below the twelfth; also evidence quite as conclusive against dynamic practice, i. e., the use of potencies above the twelfth.

potencies above the twelfth.

They show that, of the whole number reported, twofifths (40 per cent. in round numbers) were cured dynamically, and that three fifths (60 per cent.) were
cured homeopathically, a much lower per cent. for
dynamic practice than we have had reason to believe
would be the case, in view of the positive declarations
in their support by their enthusiastic advocates.

They show that, in three out of five cases, the safer
plan will be to adhere to the lower potencies rather

plan will be to adhere to the lower potencies rather than resort to the higher ones—an effectual offset to the false instruction we have received and our students the false instruction we have received and our students are now receiving at all, or nearly all, homeopathic medical colleges, to the effect that, when the low and lower potencies fall, the wisest course is to "go higher." Anyone can now see, in the broad glare of these figures, with only one eye half open, that this advice in a large proportion of cases should be exactly the reverse.

These figures amount to a fair demonstration that hereafter dynamic practice must take second rank, unless it can show better results than the cure of two-fifths of the cases reported. It is probable that this is the best showing in behalf of dynamic practice that will ever be made.

### WHAT THESE FIGURES DO NOT SHOW.

These figures constitute a comparison of the relative proportion of cures effected as between homosopathic and dynamic practice. This knowledge is important, and will prove of great service in future controver-sies; but it stops short of furnishing the kind of information we are just now in pressing need of.

The simple fact that, of over seven thousand cures recorded, forty per cent. were dynamic and sixty per cent. homeopathic, although extremely gratifying in some minor respects, by no means reaches the question at issue between the two factions of the homocopathic school. A comparison of this kind throws no light upon the far more important question whether dynamic

ractice is homeopathic.

It is a matter of serious doubt on the part of many homosopathists whether dynamic cures are, in even the nomeopathists whether dynamic cures are, in even the remotest degree, homeopathic. These figures, instead of dispelling this doubt, have rather increased it. They prove, plainly enough, that homeopathic treatment is far preferable to dynamic, but they are silent with regard to the homeopathicity of these cures.

What we now require is evidence furnishing the ratio

of cures to the whole number of cases treated (including failues) by these two methods separately, in order to determine whether dynamic practice has its tap-root, however slender and attenuated, in homocopathy.

It is entirely feasible to obtain evidence of this kind; and when procured it will afford a fair basis for an accurste comparison of the relative curative value of the two methods. Without such evidence, the settlement of the potency problem satisfactorily and permanently will be a difficult if not an insurmountable task.

### A LESSON OF HISTORY. (?)

Dr. Jones, as is his wont, gives us advice. He says:
"On the other hand, my hard-headed, materialistic
friend, the lesson of history must not be lost upon you.
Forty-two per cent of doing with dynamic doses means Forty-two per cent of doing with dynamic doses means something. It plainly tells that dynamic doses have a potency, a purpose, and that there is for them a place; if not in your office, then your office is incomplete, and not all the sophistry possible can make it otherwise."

Hold, friend! Are not your premises defective? Are you not basing an argument upon the assumption that

the forty-two per cent, of cures were homocopathic?—an assumption which is sadly in need of proof. Let us

<sup>\*</sup> Organon, paragraphs 279, 290.

first ascertain whether dynamic practice is homeopathic. If it were, the same principles which apply in the use of low attenuations would be productive of equally favorable results in the high. These figures show that these principles of application are of little or no advantage

If this plan of treatment be proven essentially non-homocopathic, what are its points of superiority over those of several other methods?

Before endorsing and recommending it in this positive manner, why not first subject this mysterious method of treatment to such thorough tests as shall, at least suggestively, lead to a knowledge of the princi-ples on which it can be applied in practice? Clearly, neither correspondence or similarity of symptoms, nor the presence or absence of any so-called remedial agent, has any controlling influence whatever. It is also plain that continued reports of other thousands of similar cures, unless accompanied by data bearing on the principles indicating the method of cure, will be equally mysterious and unsatisfactory.

### CLINIQUE.

### SUCCESSFUL OVARIOTOMY.

BY WM. TOD HELMUTH, M.D.

Prof. of Surgery, N.Y. Hom. Med. College.

Mrs. J. A T., æt. 44; widow. Admitted May 8, 1880. Patient has had four children; oldest 24 years of age, youngest 13. About fifteen years ago she had two miscarriages, both at about three months. With the exception of slight ulceration of os, 14 years ago, she has had no uterine trouble—never any leucorrhœa. She menstruated regularly till an attack of peritonitis in which time menstruation has not December last, since

In May, 1878, patient noticed for a few days a sharp pain in the right ovarian region, accompanied by slight swelling. The pain returned every three months for a year, the swelling gradually increasing, and still con-fined to the left side.

Peritonitis set in on the 4th of December, 1879, lasting about three weeks. From this time the tumor rapidly increased in size, and the patient decreased in flesh and

During the course of the disease there has been no vesical irritation. Patient had a more than natural appetite till two months ago. As long as she can remember, patient has had an attack of vomiting with headache, about every ten days. Bowels habitually constipated, more so since growth of tumor. Burning pain in epigastrium during past month.

At present the patient is very nervous; unable to sleep; has no appetite, and is extremely weak and emaciated;

careworn expression of countenance.

May 13. Since her arrival her condition has not materially changed. The morning temperature has ranged from 99½° to 995°, and the evening temperature from 100½° to 10056°. Pulse has varied from 84 to 108. Patient is not sanguine, but desires operation, as she feels that it is her only chance.

In this case there were many perplexing doubts, which often surround the diagnosis of ovarian cystoma. There was the usual duliness on percussion over the abdom-n, the walls of which were irregular, with much more pro-trusion on the right than on the left side. There was what might be called semi-fluctuation (about that sensation imparted to the fingers in fibro-cysts, and in some large and loosely connected fatty tissues) on the right side, while on the left the ordinary fluctuation was disside, while on the left the ordinary fluctuation was disside, while on the left the ordinary fluctuation was distinct, and aspiration drew a greenish fluid, containing an abundance of Drysdale's corpuscles. On the left side the needle was of no avail, and the cyst on that side was pronounced colloid. The woman was failing fast; indeed the walls of the sinus being dense and unyielding.

her vital energies were so much exhausted that the question as to the feasibility of the operation was seri-ously considered. Upon opening the cavity of the abdo-men, the diagnosis was proved to be correct, and so soon men, the diagnosis was proved to be correct, and so soon as the large colloid cyst was exposed, she was turned three-quarters face over the edge of the bed, and the cyst opened with a long incision made with a curved bistoury. Through this cyst, half a dozen others, all containing colloid, were successfully evacuated, and the smaller ones, containing the more fluid substances, were emptied by means of Spencer Wells' trocar. The adhe-sions were all treated after the usual fashion, ligated with carbolized gut, and afterwards cut off. The cle was clamped, tied with gut, and severed with Po lin's cautery. lin's cautery. The abdomen was sponged until no color-ing matter could be found upon the sponges, and after having placed a large flat carbolized sponge under the whole length of the incision, the silver wire was put in, the sponge withdrawn, and the wire twisted. The carbolized dressing was used, and the room kept well ventilated.

Before the effect of ether passed off, patient received two hypodermic injections of brandy m.xxx, and two of m.xv. Nausea lasted till 11 P.M. Severe cutting pains in abdomen at times; flatulence; thirst; flashes of heat over body.

Are. 3. 2 h.

B, Ars., 2 h.

May 14. \(\frac{7}{2}\) js bloody serum discharged from drainage tube by 2 a.m. Slept five hours during night in short naps. Received two doses of McMunn's Elixir of Opium, gtt.xx. 9 a.m. \(\frac{7}{2}\) ij bloody serum. 11 a.m. Enema of beef extract, \(\frac{7}{2}\) ij. 11 P.m. \(\frac{7}{2}\) js bloody serum. Has had flatus and cutting pain in abdomen at short intervals. Five ounces of bloody serum discharged from drainage tube since operation. Diet, rice-water. B, \(Carbo \cdot ceq.\)\$ Carbo veg. \*
May 15. Pain and tenderness, with slight swelling on

left side of abdomen. Respiration short and thoracle— 30 to 36 per minute. Cold compresses on abdomen, changed every 2 hours. B, Acon. tinct., Bell. ix, ½ h. May 16. Pain and tenderness continue. Respiration

May 16. Pain and tenderness continue. Respiration irregular at times. Cold compresses continued. B, Acon. tinct., Bry. tinct., 1 h. 3 j serum discharged in 24 hours. Diet, rice-water and milk porridge.

May 17. Pain and tenderness disappeared; free discharge of flatus; offensive odor in wound; no fluid discharged from drainage tube. Cold compresses discon-

charge of flatus; offensive odor in wound; no mund discharged from drainage tube. Cold compresses discontinued. 6 p.m. Quinine gr. v. 3 h.

May 19, 4 a.m. Feeling of great prostration; coldness of surface; blue lips; weak pulse, etc. Warm applications, and brandy in frequently repeated teaspoonful doses, were followed by immediate improvement. Since operation variety has reased from 16 to 38 opnoses of urine ation, patient has passed from 16 to 38 ounces of urine Fluid does not rise to top of drainage tube; offensive odor still present.

May 20. Drainage tube packed with lamp-wick to absorb fluid, which is becoming more purulent. Tube syringed out with warm water every time lamp-wick is

changed.

May 22. Drainage tube removed and a smaller one substituted, which is packed as before. Slight discharge, which is more purulent and less offensive.

which is more purulent and less offensive. Diet, milk, toast, beef tea, crackers. Sutures removed.

May 27. Has been gaining slowly in strength, eating and sleeping well. Free evacuation of bowels by enema.

Small amount of odorless pus in tube. Patient feels effect of the heat, which is excessive. Full diet.

June 1. Drainage tabe removed, and lamp-wick introduced to a depth of 2 inches. Small discharge of odorless pus in the strength of the

less pus.

June 9. Patient has been gaining rapidly in strength; now walks everywhere. During the last six days the lowest temperature (mouth) has been 98\\( \frac{1}{2} \), and the high-

June 11. Condition good in every respect. Since the operation there has been no return of the periodical sick headache; the face has become fuller and lost its pinched expression. (Patient's weight 69 pounds.) Discharged,

### HOMOEOPATHIC HOSPITAL, W. L.

REPORTED BY F. C. GREENE, M. D., OF THE HOUSE

### CASE OF TYPHO-MALARIAL FEVER.

J. F. D., æt. 34, single, West Indian, machinist; ad-J. F. D., æt. 34, single, West Indian, machinist; admitted Sept. 5, 1881. One week previous to admission was perfectly well. He retired in the evening in his usual condition of health; at 10 P.M. he had a chill, accompanied with marked shaking, beginning in sacral region and extending up the back.

Mouth parched and dry, internal thirst. The chill—lasting one hour—was followed by a fever of marked intensity, no distinct sweat succeeding, but more or less perspiration during the fever. The chills recurred five times during the night. B. Rhus. tox. 3.

Sept. 6, 11 A. M. The chilly feeling returned, and lasted until 10 P. M. recurring in paroxysms of from one-half to one hour's duration.

one-half to one hour's duration.

Sept. 7 and 8. No especial change. Sept. 9. Dimness of vision, as of a veil drawn before the eyes; dull sleepy countenance; unsteady gait; marked cephalalgia, most severe in the occipital region; chilliness and febrile symptoms still continue with the same persistency and character as formerly.

On examination, is found a dark red eruption on chest and abdomen, disappearing on pressure but again returning. Palpebral conjunctiva injected. B

Sept 10. Eruption somewhat darker in color. Marked tenderness in right ilio-cœcal region. Profuse yellow, offensive and pasty stools, passages very frequent; subsultus tendinum marked; tongue dry. brown, and swollen, with red tip and edges; countenance dull and stupid; confusion of mind; constant desire to get out

stupid; confusion of mind; constant desire to get out of bed; picking at bedclothes. Temperature, A. M., 102°, P.M., 104°; B. Bell. 1.

Sept. 11. Temperature, 8 A. M., 104°; 2 P.M., 105°; 7 P. M., 105½°. Respiration, 38. Pulse, 107. General symptoms remain the same. The eruption is lighter in color, and same in appearance as above. B. Bell. 3.

Sept. 12 Temperature, 8 A. M., 103°; 2 P. M., 103½°; 7 P. M., 103½°. Respiration, 36. Pulse 119. Some tenderness in left liluc region. The restlessness and desire to get out of bed continue. Tongue more tremulous:

to get out of bed continue. Tongue more tremulous; diarrhœa better.

Sept. 13. Temperature. 8 A.M., 1021½°, 2 P.M., 103°; 6 P. M., 103½°. Respiration, 36. Pulse, 102. Restless-ness and desire to get out of bed entirely gone. Tongue ; 2 P.M., 108°;

b

ag

a.

h-

not so dry.

Sept. 14 Temperature, 8 A.M., 101°; 2 P.M., 102 °; 7 P.M., 103°. Respiration, 26, Pulse, 105. Diarrhea much improved. Tenderness gone. Eruption disappearing. Some cestlessness. Excessive weakness, and

ravenous appetite.

Sept. 15. Temperature. 8 A.M., 100°; 2 P.M., 101½
7 P.M., 101¼°. Respiration, 26. Pulse, 100.

Sept. 16. All symptoms improved; continues weak; tongue moist, and coated dirty white. Eruption rapidly disappearing. Temperature. 8 A.M., 99°; 7 P.M.,

Sept. 20. General condition greatly improved.

derness of abdomen has disappeared. Temperature has continued normal for past three days.

Sept. 29. Patient has gradually been gaining strength since last entry. He now declares himself perfectly

Sept. 30. Discharged cured.

### TRANSLATIONS FROM FOREIGN JOURNALS.

BY F. G. ORHMR, M D., TOMPKINSVILLE, S. I., N. Y. A FUNGUS THE CAUSE OF INTERMITTENT FEVER.

The researches and experiments of Klebs and Tommasi-Crudeli prove that the cause of intermittent fever is a fungus, bacillus malariæ, which exists in the soil, and air above, differing morphologically and biologically from other schizomycetes. Inoculated experimentally into animals, these malarial fungi produce, without exception, fevers of an intermittent type, and the characteristic anatomical changes of malarial infections. These parasites are observed to develop and multiply in the infected animal, especially in the spleen and marrow.

Tommasi-Crudeli has shown that the intermittent fever is not produced by the decay of animal or vegetable organism in standing water or swamps, but only appears when the germs of the bacilius malariæ are present. He has demonstrated that the development of these germs needs the following 3 conditions: a high temper-ature, the admittance of air to the spores in the soil, and a continued moisture of the soil. Therefore, woods in a

malarial district are especially dangerous, as they keep the soil moist, even in hot and dry seasons. The infectious influence of the air ceases at a height of 3 or 4 meters, as the spores are seldom carried higher by the air, or are so few as not to cause infection. ple seem to have made long ago this same discovery by experience, as the inhabitants of the fever districts of Rome, Sicily, and Asia Minor sleep during the hot sea-

son only in the upper chambers. Even some savages build their huts on high posts. The spores of the bacillus malariæ possess an aston-ishing tenacity of life, as they withstand the extreme ishing tenacity of the, as they withstand the extreme changes of dryness and moisture, cold and heat, even of 100° C., for several hours. They can outlive ages. In regulating the course of the Tiber and excavating for archæological purposes, soil laden with spores of this bacillus, buried centuries ago, was exposed to the air and produced pernicious intermittent fever.

Professor Marchiafava in Rome showed the parasites in the spleen, marrow, lymphatic glands, and venous blood of persons who had died of malaria. Later Cuboni and Marchiafava succeeded in discovering the corpus delicti in the blood of patients sick with intermittent fever. In the blood, drawn during the hot stage, free spores have been found, out of which by culture bacilli can be raised. The blood drawn during the cold stage shows a larger or lesser quantity of spores, but some-times immense quantities. When such blood is inocu-lated into dogs, intermittent fever is produced.

It is now proved beyond all controversy that in the last period of the apyrexy and at the commencement of the fever (i. e., during the cold stage) the blood contains a large number of bacilli, and that they break up into spores dur-ing the fever stage, and again grow into bacilli when the temperature becomes low. Thus the different stages of dethe intermittent fever.

Thus much for scientific research. From these dis-

coveries we may form an idea how a recent case of intermittent fever can be checked by large doses of Quinine. Even if such doses do not kill or destroy the parasites, they probably paralyze or put them in such a state that they can be overcome by the system. This reminds us of the treatment of whooping cough with Quinine. Compare vol. 7, 222, and vol. 8, 130.

But if the disease has already lasted some time, Quispores have invested the spleen and are retained, where-by the organ is enlarged. Against these Quinine is pow-erless. They will from time to time escape into the erless. general circulation, develop into bacilli multiply, and thus produce a relapse of the disease. This explains the frequent relapses and the mere temporary benefit from Quinine in old cases A radical cure can be exrrom Quantue in old cases. A radical cure can be expected only after the parasites to the last germ have been removed from the system.

Tommasi-Crudeli recommends 14, 14, 1 millegramme of Arsen, per diem as a preventive against intermittent

It is a problem to find a drug which will destroy the parasites without injury to the patient. Besides Quinine, perhaps Cupr. sulph, may prove such, as the system can bear it in considerable doses without injury. A thorough impregnation with copper, as in workers of this metal, is a sure preventive against cholera. We have neither seen it affirmed nor denied that it is also a preventive against intermittent fever.

A remedy which will be effective against trichinæ may

also be so against intermittent fever.

also be so against intermittent fever.

In 28 cases of intermittent fever (24 of the tertian, 4 of the quotidian type), Carbol. acid, 0.05 in 100 aqua, with spirit cinnamon, per diem, was administered. In some cases it cured at once, in others only one more and milder attack appeared. With the exception of one milder attack appeared. With the exception of one single case of six weeks standing, Carbol. acid had to be injected hypodermically. Hirsch. Ztschr. f. Hom. Klin.,

Salicyl. acid has also been used.

It is claimed that Iodine is quite as much a specific in malaria as Quinige. Dr. Grinnell, of Tenn., says he has treated with it 140 cases, mostly of the tertian and quotidian type, and the results were fully as good as when Quinine was used. In many cases the remedy acted so quinine was used. In many cases the remedy acted so quickly that a recurrence of the paroxysm was prevented. In cases of enlarged spleen there was a more speedy reduction in the size of that organ than when Quinine was used. If used in solution, he advises a combination with it of a few grains of Kali hydriodicum. N. Y. MED. TIMES, 8, 221.

MED. TIMES, 8, 221.

Another antiparasitic remedy which has been used is Eucalyptus globulus. A solution of 1 part of the oil to 686 prevents the development of bacteria, while Carbol. acid will not do this if carried beyond 1 part to 200. (According to Prof. Binz, the largest infusoria are killed immediately by a solution of Quinine of the strength of 1 in 200.) The oil of Eucalput is comparatively forms. 1 in 800.) The oil of *Eucalypt*. is comparatively harmless, more than a dram of it having been swallowed without any unpleasent effect. N. E. Med. Gaz. 16, 226.

Thus we see that divers antiparasitic remedies have been used with success, without its being known why or wherefore they proved nearly alike beneficial. Our homocopathic literature gives ample proof that by

homocopathic remedies the system can be put in a condition to throw off or overcome the parasites in an incredi-ble short time. The only drawback is the frequent and ble short time. The only drawback is the frequent and extreme difficulty of selecting the right remedy, and also that in some cases the characteristic symptoms do not appear until several chills have occurred.

### ASPIRATION OF THE GALL-BLADDER.

Dr. P. H. Kretzschmar reports a successful case in the Proceedings of the Medical Society of the County of

Kings, September, 1881, of which he says:

Five times has the gall-bladder been aspirated; thirty-four ounces and a half of bile have been removed within one month. At every operation the patient felt much relieved, and since the first withdrawal of bile the constitutional symptoms diminished in severity. At no time did the operation itself place our patient in danger, and generally speaking there was no pain attached to it.

and generally speaking there was no pain attached to it. The following generalizations he appends to his paper:

I. The operation can be performed with snfety, without taking particular precautions in uniting the walls of the gall-bladder with those of the abdomen.

II. The operation can therefore be done as soon as the diagnosis of a dilated gall-bladder has been made, if, from its size there seems to be danger of rupture; or if the patient suffers much pain. Aside from these conditions, when aspiration should be resorted to without

hesitation, the question presents itself whether it would not be good practice to evacuate the contents of a dis-tended gall-bladder under all circumstances, simply to remove the superfluous bile, which, being cut off from its natural destination, is bound to be reabsorbed by the duce, to a greater or lesser degree, a condition which is generally known as "cholæmia." lymphatics, carried back into the circulation and

III. A very fine trocar, such as would be of not much value in case of simple puncture, can be employed, and by means of suction even a tenacious fluid can be re-moved from the gall-bladder.

IV. The insertion of a small trocar or an aspirating needle is almost a painless procedure.

V. In cases of doubt as to the presence of gall-stones, a flexible probe can be passed through the canula and used as a sound.

VI. Aspiration being a safe and painless operation, it can be employed for the purpose of aiding diagnosis. The rules for performing the operation are thus for-

I. Aspiration should not be delayed, but resorted to as soon as the diagnosis of distended gall-bladder has been made.

A good sized aspirating needle or a fine trocar

should be used.

III. The instrument should be introduced into the gall-bladder at a point as high up and as near to the order of the liver as possible.

IV. On withdrawing the instrument, the punctured wound in the abdominal wall should at once be closed by some kind of plaster, or by the introduction of a stitch. V. The operation should be repeated as often as the

gall-bladder becomes distended again. VI. The common rules of surgery as to cleanliness, etc., should be strictly adhered to

### LISTERISM AT THE INTERNATIONAL CON-GRESS

Spencer Wells read a paper. He took strong Listerian ground, and said that now he had given up drainage altogether, so great was his faith in antiseptic surgery. Several others, Volkmann especially, followed in a similar strain. Then Marion Sims arose, and while he declared for Listerism, he advocated drainage, and reminded Mr. Wells of a case (ovariotomy) in which he assisted him in a bad operation—bad on account of adhesions—and the patient almost died, but at last nature opened the abdominal wound and discharged a large amount of fetid fluid, and immediately she recovered. Finally came Mr. Keith to close the discussion. Never in the history of surgery did a few modest words make such a recoil in the "currents of expectant thought" as his.

It has been said, and was repeated by Volkmann and Kuget, in this discussion, that intraperitoneal surgery was the "touchstone of Listerism." Professor Keith was the "touchstone of Listerism." Professor Keith has been quoted the world over, again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariotomy, more than any other surgeon, the value of the antiseptic, or rather, the Listerian method. terian method. No one can deny this.

So slowly were his few words uttered that I can almost

epeat every one verbatim.
You can imagine the effect much better than I can describe it when he said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had eighty successive recoveries under Lister's method, and stopping there it would be a wonderful showing. But out of the next twenty-five I wonderful showing. But out of the next twenty-five lost seven. One died of acute septicæmia, in spite of the most thorough antiseptic precautions; three of unquestionable carbolic acid poisoning; one of renal hæmorrhage." He went on to say that out of the eighty consecutive cases (or rather he said it first), many came too near dying; that a large number got a high temperature

—105°. 106°, 107° Fah.—the evening following the operation, but, he said, "they happened to pull through." He then said that since he had for four months past abandoned the antiseptic method, and relied upon per-

abandoned the antiseptic method, and relied upon perfect cleanliness, care in controlling hæmorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results. He now stopped for a few moments, hesitating, as he must have realized the importance of his words, knowing that the whole world—surgical—was lending a "listening ear" to his utterances. The silence was "audible." ing ear" to his utterances. The silence was "audible."
Then he raised his head, and looking his audience squarely in the face, he said, "Gentlemen, I have felt it my duty to make these statements, for they are true, and he took his seat. I shall not attempt to describe the applause, nor the effects of his statements. Professor Keith, by the way, told me privately that he almost died himself from using the carbolic acid so much. He got renal hemorrhage and debility to an alarming degree. He said, moreover, that he never had great faith in it, and should not have continued its use so long—I mean the "Lister" method—but for the fact that so many eminent men were carried away with it; and if, after his remarkable series of cases, he had changed, and lost seven out of twenty-five, as he did, without Lister-ism, all the world—he himself—would have attributed

One thing is certain: Mr. Keith's statements, in connection with those of others, and his own experience, put Mr. Lister in a very unpleasant position; for he was put down on the programme to close the discussion on the treatment of wounds to secure union by first intention, which took place on Monday, 8th inst. Although four days had elapsed, he had no answer. To show how deeply he was impressed by all that had been said, he began his remarks, which were extemporaneous instead of written, as was expected, by saying that he had never admitted that abdominal surgery was the "touchstone of Listerism," and to the surprise and dismay of his fol-lowers, went on to argue that, with the rapidity with lowers, went on to argue that, with the rapidity with which wounds of the peritoneum heal and the remarkable absorbing power of that membrane, and therefore its ability to take care of its exudates, "he doubted very much" whether, in the hands of a skillful, careful operator, it was not better to dispense with the antiseptic plan. I realize how important are the statements I am making, and lest some of your readers may think that they are open to criticism as to accuracy, I will say that I sat near enough to hear every syllable uttered, and I pledge my honor as a man and surgeon for the absolute accuracy of every statement, though I took few

Then, seeming to realize the danger of admitting such wonderful absorbent qualities to the peritoneum, he went on to say that he had recently made some experiwent on to say that he had recently made some experi-ments that surprised him very much, which proved that serum or bloody serum was "a very poor soil for the development of germs from contact with air-dust, and that blood-clots are still more sterile. Indeed, it was very difficult to make them grow or develop at all, unless diluted with water." By the way he declared he

unless diluted with water." By the way ne declared he had witnessed free cell development in a blood-clot. And these remarkable facts, said he, "at once call in question the necessity of the spray.

question the necessity of the spray.

He then went on to say that he was not yet ready to give up the spray, but if simple irrigation or lavation should prove as good, he would say, "Fort mit dem spray," and he further said, 'I am not certain but I should prove a gray;" and he further said, 'I am not certain but I shall give it up. I am not at all sure but that before the next meeting, two years hence, I shall have abandoned the spray altogether." (His recent house surgeon says that he has lost all confidence in its utility.)

As to carbolic acid he said, "I am forced to admit its unfortunate character." That was all; not a word about

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oil of eucalyptus or any other substitute. He kept re-ferring again and again to abdominal surgery, but his manner abowed to everybody that he was upset.

He gave no statistics, no large comparisons, as was d by his disciples. He referred to the excellent

expected by his disciples. He referred to the excellent results in two cases of recent operation, saying that "I could hardly believe I should have got such results without the antiseptic plan; I did not before I used it." And this is the fault that the best surgeons here find with him. They are all ready and glad to give him or any other man credit for all he has really done, and they all admit that Mr. Lister has done much to improve surgically General Research II. I hadd not explain gery, especially German surgery. I need not explain. But they very properly say, "With his unprecedented opportunities, both in his own practice and in that of his host of followers, why don't he give us large and com-plete statistics? Instead, he only gives either isolated cases or a small group of successful ones, such as may be found under almost any plan." I quote one of Lon-don's most eminent and fair minded men.

It was curious to watch the effect of the thing have alluded to the impression produced by Keith's remarks. As Lister was speaking, one of his ardent admirers—I mean an admirer of his mode of dressing; I am not discussing the man, who is an earnest, hard-working, accomplished gentleman—turned to me and said, "My God, I would never have believed Professor Lister would have admitted that." Another said, "Well if Lister abandons the spray and carbolic acid, giving us no substitute, where is 'Listerism?' We had drainage, we had animal ligatures, we had air-proof dressings, before." And so on. Every little group of surgeons was discussing the matter; those who had never accepted the Listerian method being quite as much surprised as its warmest adherents.

Mein Gott!" said a German whom I did not know, "Lishtereism ish todt." "Lishtereism ish todt." "Fort mit dem spray? mit dem Acid Carbolique? Was giebts zu bleiben! And so the pendulum swings .- Boston Journal.

OLD ULCER OF THE STOMACH SUCCESSFULLY TREAT-ED BY WASHING THE STOMACH.—The washing out of the stomach recently introduced into therapeutics has, up to the time of writing, yielded the most interesting results. We have not time nor space to review these results minutely, but merely beg leave to present with-out comment the following case:

The individual was affected with a simple ulcer of the

stomach, and, on account of the concomitant digestive troubles, was suffering when I saw him from extreme marasmus, He was admitted at the Bicetre and placed among the incurables in the service of M. Deboune. He several times had vomited blood in large quantities, and almost continually spit up glairy and bilious matter. These symptoms were usually accompanied by intense pain in the epigastric region. On the eighth of January, 1881, I examined him for the first time. I especially noted two things—the absolute intolerance of the stomach, and the extreme bodily wasting which he exhibited. Every attempt to retain nourishment was ineffectual. I tried him with a few spoonfuls of milk, which he immediately vomited. His members, reduced to a skele-ton-like state, scarcely permitted him to perform any muscular combinations. Assuredly it appeared that the muscular combinations. Assuredly it appeared that the debility and inanition of which he was the victim had arrived at an extreme beyond which they could no further on and death was been death to be the could no further on and death was been death. ther go, and death was bound to supervene. In view of his desperate circumstances, M. Deboune prescribed the stomach bath, employing the most advantageous method of accomplishing the washing out—the method of Fau-cher. We commenced this treatment on the tenth of January, and at each sitting passed through the stomach 8 litres of ordinary water and 2 of Vichy water. On the twelfth everything had worked so well that the patient ceased to experience uneasiness at the procedure. We also prescribed a milk diet, together with meat juice. To day it has been 6 weeks since the treatment was begun. The attending results are marvelous. The pain has completely disappeared, the vomiting finally stopped, and the strength much increased The patient's diet

was no longer restricted, but he eats everything he fancies without discomfort; even those viands reputed indi-gestible, such as peas, salads, etc., he takes with impu-nity. The results are also satisfactorily demonstrated by the increased weight and improved appearance of the sick man. On the first day of treatment he weighed 125 pounds; on the fifth, 126; on the seventh, 127; on the twenty second, 130; on the twenty-seventh, 132. During the first 5 days the increase was at the rate of 125 grammes per day; 100 for the 4 weeks tollowing. These figures are sufficiently eloquent and need no comment.

—G. BOUICLI, in Le Progrès Medical, April 2.

THE PLACE OF SELENIUM IN INCONTINENTIA URINÆ DIURNA. — In an article by Dr. Burnett on Scienium, after having prescribed Ferrum phos. unsuccessfully, he

It was necessary to find wherein the Ferrum was weak in similarity. It seems to me that the urine in the ferric pathogenesis is primarily light-colored; we read, "urine more coloriess than usual." Now, the urine of my little patient was darker than normal—reddish. It is true that we get a red urine from Ferrum, but that is not its primary offset, without it the primary effect; rather is it the secondary effect, and of course the urine would be red if the ferric proving be pushed far enough to get hematuria.

In the pathogenesis of Scientum we read "incoluntary dribbling of urine while walking," and redness of the

urine is quite a marked symptom.

It thus seems that the difference in the character of the urine is worthy of attention.

Selenium was prescribed, 4 grains of the third centesi-mal trituration, 3 times a day.

In three weeks patient was well, and so continues. Of course Selenium is not so exhaustively proved as Ferrum, and I may be wrong in offering the color of the urine as a differentia between the diurnal enuresis of the two metals. At present I note in my scrap-book: Incontinence of the urine by day, urine light, Ferrum;

ib., urine dark, Selenium.

ON THE REMOVAL AND REPRODUCTION OF THE MEM-BRANA TYMPANI AND ON DILATATION OF THE EUSTA-CHIAN TUBE IN THE TREATMENT OF EAR DISEASES .-Dr. A. Wellington Adams, of Denver, after discussing the unsatisfactory means hitherto in use in the treatthe unsatisfactory means intherto in use in the treatment of aural catarrh, tinnitus and deafness, reports (Rocky Mountain Medical Review, July, 1881.) concerning his new method of treatment. \* \* \* \* In view of these facts, I have been led to adopt a novel course of treatment of my own for the relief of chronic

catarrh of the middle ear, and all aural troubles which may be supposed to be dependent upon the presence of calcareous matter or inspissated mucus within the tym-panum, and one which I am happy to be able to say has proved eminently successful and void of danger. So far five cases have been successfully treated in this way.

It essentially amounts to this: The application of medicated fluids and vapors to the tympanum through the external auditory canal. This is accomplished by dissecting out two triangular segments of the membrana tympani; one in the superior and the other in the inferior portion of the membrane. In fact, I have frequently dissected out the entire drum membrane with the excep tion of a peripheral ring or annulus tendinosus and an oblique strip running from above downward and backward, and including the manubrium of the malleus. In this way I am enabled to reach the middle ear directly, accurately determine the condition of its lining mem accurately determine the condition of its lining membrane, diagnose the presence or absence of foreign substances or growths within the tympanum, ascertain positively the exact character of the pathological changes in the membrana tympani, and apply my treatment directly and advantageously to the diseased part. During the treatment, the openings are retained by pledgets of absorbent cotton introduced therein; and the entrance of air and dust is prevented by cotton worn in the exter-nal auditory canal. After accomplishing our purpose, the membrane readily reproduces itself, and the openings are closed without any interference on the part of

the surgeon.

I believe I am the first to announce the possibility of opening a custachian tube impervious to air through the external ear, which announcement I now make, having recently resorted to this procedure for the relief of a chronically narrowed and occluded eustachian canal attending a case of progressive hardness of hearing. result was in every way satisfactory. For this purpose I use a moderately stiff filiform bougie passed through a metallic tube with a short curve at the extremity which is to be introduced into the middle ear.

The metallic tube answers the purpose of stiffening and directing the course of the bougie.

In all cases where the hearing power is deficient to any very marked extent, the defect is not in the least increased by the operation of dissecting out a portion of increased by the operation of dissecting out a portion of the drum membrane, should our suppositions prove to be unfounded. The portion incised I find quickly re-produces itself without any application whatever, unlike the membrane partially destroyed and structurally mod-ified by chronic otorrhea. I do not believe this repro-duced tissue to be of the same character as ordinary cic-atricial tissue. Several times I have been mistaken as to the presence of a foreign substance in the tympanum, not even finding the slightest abnormal condition in any portion of that cavity, and yet after the membrane be-came closed in, the hearing power proved as acute as before the exploration.

Of course it is necessary to exercise great judgment in determining just what cases justify this heroic treat-ment. But when justifiable and properly carried out, I can safely declare this procedure to be perfectly free

from danger.

[In illustration of the foregoing, Dr. Adams details three typical cases, selected from quite a number;"

and concludes thus] :

From time to time I shall report the results of further investigation, and should a more extensive experience substantiate these observations, otology will undoubtedly be placed on a par with ophthalmology and gynecol-

Variola and Varicella.—As one who has had considerable experience on the subject, I would venture to draw attention to that which I have found to be an invariable indication of the difference between the two diseases, and one which even an unprofessional eye can detect without the least difficulty.

In varicella, whether the case has been vaccinated or not, the entire eruption is of the same date. i. e., it is all in the popular, vesicular, pustular, or desiccating stage, etc., not some portions of it in some of these stages at the same time.

ame time.

In variola, whether the case has been successfully vaccinated or not, I have never seen these appearances. Much has been written about the modifications produced by vaccination, when a successful case of vaccination subsequently suffers from variola, but the only modification I have ever noticed (and I have seen or received trustworthy reports of the two diseases, variola and vaccinia, passing through their various stages simultaneously, in 1865-66-67, to the extent of 169 cases) was that the variolous disease appeared, as a rule, in a milder type, and left fewer permanent cicatrices.-don Lancet, Sept. 3, 1881.

H.E.MORRHOIDS.—Dr. Paul Landowski made a new application to continued bleeding piles, of hot water—as hot as could be borne. The patient was placed in a sitting-bath, and by means of the speculum the hot water was introduced into the rectum. By the hot water the bleeding was arrested, and in a short time the hæmorrhoidal tumors completely disappeared.

## New York Medical Times.

A MONTHLY JOURNAL

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

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### NEW YORK, NOVEMBER, 1881.

"A regular medical education furnishes the only prenumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLENGED RIGHT of an individual to the exercise and honors of his profession."—Oode of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

### THE BORDER LINE OF INSANITY.

Within the next few days the question will be legally decided, in the cool, dispassionate atmosphere of a criminal court, whether the assassin of President Garfield is to mount the scaffold and expiate with his life one of the most atrocious crimes which stains the annals of history, his name going down to posterity under the blackest cloud of infamy which ever darkened a human soul, or whether he goes from the court room with the pity rather than the execrations of his fellow-men, where, within the strong walls and behind the grated windows of an insane asylum, he waits-perhaps through the slow years the only exit which can come to him from this living tomb-the magic touch of death which gives liberty to all. What a long breath of relief will be drawn everywhere, what a weight will be lifted from the National heart, if it is proved that the Chief of the Nation, whose noble life, whose patient suffering and forgiving spirit stood out so grandly and with such brightness on the page of history, died not by the hand of one responsible for his acts, but that the deed had its origin in a disorganized brain, and was carried to a fatal termination by a mind clouded with delusions and incapable of reasoning correctly!

The border line of insanity is often so indistinct, logical reasoning and delusions being so intermingled, that it is difficult to determine when and where responsibility ends, and discriminate between a mere vicious nature and a brain disorganized, with a mind dethroned and in ruins, without bringing to bear upon the case important factors found not alone in the antecedents of the person, but in ancestral history. Here the law of heredity, so far as the transmission of mental and physical peculiarities is concerned, plays an important part. No physicist at the present day? in the presence of the growing accumulation of facts, will deny not only that peculiarity of mind and body is transmitted from generation to generation, but that there may also flow down through the stream of human life germs, at times covered over and might in time hear them ringing out in those thunder made dormant by a stronger vitality, only to spring into | tones of imperative command which he dare not resist.

active force under favorable circumstances and ripen into a black harvest of ruin and death.

Admitting, as we are compelled to do from carefully collected statistics, that in from 30 to 60 per cent. of insane cases which have come under observation, with an average of perhaps 50 per cent., the malady can be traced back to immediate ancestry, the necessity is forced upon us of dealing with the utmost care and with the calmest and most dispassionate judgment where this fact is found to clearly exist and in a marked degree.

In the light of these facts, shall the mental peculiarities of Guiteau be attributed to a vicious but responsible mind in which he had the power to control his passions, to limit his inordinate conceit and think and act correctly or to an organic change in brain structure, the result of influences produced upon him in his mother's womb and early childhood, and the life taint planted there by ancestral germs? The facts show that on the mother's side an uncle died in the insane asylum, one cousin died insane and that another is now an inmate of an asylum.

The father was of a literary turn of mind, impractical. wanting in business capacity, given to ease, with a strong tendency to theological investigations which ended in religious monomania. Children were born rapidly and the wife was compelled to bear and care for them, doing more of the work herself on account of lack of means, than her strength would allow. While she was carrying her child she resorted to every means in her power in the way of potent drugs to bring on miscarriage, When the child came into the world it was weak and puny, and the first few months of its existence was almost one prolonged wail. The constant crying was so violent that it brought on severe rupture, and not until he fairly emerged from infancy did the nervous system settle down into anything like repose. His whole life has been one of surprises and contradictions; with a certain aptness of acquiring knowledge, he seemed to have no power of appropriating it to any practical use. There was no balance in his brain, but the mental food he absorbed was broken up and distorted, as it was appropriated by other faculties. With a great fondness for theological reasoning, particularly on the coming of Christ, in which the life and teachings of our Saviour must have been constantly before him, he daily, while teaching the purity of Christ and the sweetness and sublimity of his mission, violated, openly, with scarcely an attempt at concealment, every moral law. In his whole composition there seemed to be not one particle of common sense, or even the slightest vestige of shame. In his own imagination he was possessed of almost superhuman powers of intellect, fitted to fill any position, however exalted, or carry on the most stupendous business enterprises without a dollar of means. A man like this, in whose mind was indelibly fixed the idea of its own superiority, that it was linked to the Divine mind by a union so close that there was a direct influx from one to the other, and that he could hear at times whispered suggestions coming out each day with more clearness and more emphasis, if some terrible deed was to be accomplished,

Such is the history of great crimes committed in all ages of the world by this class of individuals under the delusion that they are the commands of God. We have only to instance the religious fanaticism which existed during the great reformation in Germany, when the idea prevailed among a certain class that the commands of God coming by direct influx into the mind, were above human law and must be obeyed. Going on from step to step by almost imperceptible gradations, every suggestion which came into the mind, under the influence of religious enthusiasm, no matter what the bodily condition, was considered a command from God to be obeyed, and the more terrible its nature the more persistent and imperative was the command. "God tells me," said one of this class in the days of Zwingle, "to put your head there," and as he raised the axe he said," God commands me to strike it off." The tide of insanity was stayed by the strong action of the law. The poor father in Connecticut, with strong faith, but with a bleeding heart, sacrificed his child, believing he was doing it at the command of God. If under the influences of religious enthusiasm, or enthusiasm of any kind, which centres with too fixed intensity upon one point, a person slowly and imperceptibly drifts into a one-sided line of reasoning, the mind daily losing its balance and power of discrimination, a powerful imagination constantly gaining strength and power, until finally, all power of correct reasoning gone, it culminates in one terrible act which sends a thrill of terror through the heart, what may we expect in a mind borne along in the strong current of hereditary insanity, whose birth was amid unhealthy influences and whose life has given indications of a mind out of tune, disjointed and full of harsh discord?

The case is one of more than ordinary importance. The high position of the man struck down and the peculiar purity and nobleness of his life turns upon it the attention of the world. It is not a case for mercy but for strict, unbending justice. If the man was morally responsible he goes to the scaffold followed by the execrations of the world, and his name goes down the stream of time covered with infamy. Was he morally responsible, and is he in the eye of the law a sane man? This question the government itself should be the most active in deciding. It should bring to the witness stand solely in the interest of truth and justice (to aid in condemnation, if the man was responsible for his act, to save, if irresponsible), not alone the medical expert skilled in mental diseases and accustomed to weigh with care the effects of blood taint and unnatural physical changes and development upon mind, but the mental philosopher, who in his close analysis of mental acts from the stand-point of the soul goes one step further and weighs in a more delicate balance, and detects with a keener eye than the mere medical expert, those almost imperceptible shadings which mark the border line of insanity and tell where responsibility ends. In the investigation of this case at Washington, we simply ask in the name of truth and justice, that the government takes the initiative and unravel if possible this tangled skein.

### THE REASON WHY.

At the close of a very excellent address before the medical classes of the University of Pennsylvania, Dr. D. Hayes Agnew said: "It has always remained to me an unsolvable paradox that a profession whose members do so much to relieve human suffering in all walks of life, and are so willing to sacrifice for the benefit of others-a profession whose members ordinarily devote one-fourth of their time to the gratuitous dispensing of their services, and so few of whom accumulate a competency of this world's goods sufficient to keep the wolf from the door, or, at best, to remove the anxieties of advancing years-I say it is puzzling to explain, in the face of such a record, why so little sympathy exists between the physician and the public. Only let some question of general importance arise in which the character or professional reputation of a medical man is involved, and, ten to one, the public will range themselves over against the doctor."

We presume it is an undeniable fact that no profession in the world gives so much of its time to gratuitous work as ours, and the reason for the public lack of confidence can be traced directly or indirectly to itself. Mistakes in diagnosis and errors of judgment are quickly seized, and a whole profession lampooned and held up to ridicule for the faults of a few. The arrogance and dictatorial spirit of some of the would-be leaders in the medical world, the absurd notions of etiquette in which suffering and even life are not permitted to weigh in the scale for a moment against an inordinate self-esteem and an absurd idea of dignity, have done much to bring our profession into ridicule; while the spirit of that close communion which shuts out from fellowship all who cannot or will not repeat the shibboleth of a creed, has contributed to hold a profession which should be the noblest, the most liberal and unsectarian in the world, up to merited contempt. That contempt is deepened in the hearts of all earnest, honest men when a few not only attempt to mark out the line within which the whole profession must think and act, but deal out persecution and unsparing abuse against all who dare think and act with independence. The record of medicine shows more than one man crushed and wounded to his death because he dared be a physician instead of a sectarian; it shows, too, men who have defied the arrogance, the abuse, the iron rule of societies and of codes of ethics, and the public has rallied around them with ever increasing favor.

For a profession which makes so many mistakes and knows so little, ours is the most arrogant, conceited, bigoted, and sensitive in the world. There are, it is true, noble exceptions to this rule, but the public judge from the antics and conceit of those who are constantly posing before the world, and are ever seeking to rule. One would suppose that a profession so full of pretense, which will not stand the test of blunders the most glaring, would in time learn modesty. Not a bit of it; the very men who make the blunders detail the case with as much apparent pride as if their work had really been brilliant and successful. We speak of the profession, because the whole profession is judged by the acts of

individual members. Look, for instance, at the history of President Garfield's case, from the time the bullet entered the body until it was at last found, not where it was supposed to be, but among the viscera in the basin. By the attending surgeons, some of them the most eminent in the country, there was an entire failure of anything like a correct diagnosis. For weeks a sinus made by pus burrowing through the tissues was washed out and measured from day to day as the track of the ball. The location of the ball was marked with unerring certainty, and from bulletins issued frequently during the day, and almost daily interviews with physicians and surgeons, of whom most of the time there were a halfdozen in consultation, the nation was lead to believe more than once that danger was rapidly disappearing, and that the illustrious patient was on the high road to recovery. And all the time the flesh was wasting away; and it was evident to one man, who, being of a different medical faith, could not be expected to join in the consultations, but was kindly permitted to watch by the side of his dying relative, that the patient was steadily sinking under the fearful influence of blood poison, of which but little notice was taken by those whose bulletins were daily sent by every telegraph wire over the world.

These long-continued consultations among physicians and surgeons, in which a responsibility which should rest somewhere is divided among several, are always a farce. and in the case of the President they were a most mischievous farce. Not that we undervalue consultations in grave cases, but let some one take the responsibility and let the consulting surgeon or physician examine every point and every phase of the case with even more scrutiny and care than if it were originally his own, and even then, consultations of a half-dozen surgeons running over weeks, nine times out of ten, would lead to want of precision, carelessness, a polite and courteous deferring of one to the other, and be productive of far more harm than good. We were told of bed sores early in the sickness, too early to be occasioned in a man of strong physique and previous purity of blood by the pressure of the bed upon the part. This fact itself should have pointed to an injury of the spine, and still later on to serious blood poisoning. But a theory had been formed into which spinal injury and blood poisoning did not enter; and so the surgeons went on from day to day, putting the pus under the microscope and analyzing the discharge with wonderful scientific precision, measuring the track of the ball and washing it out with carbolized water, and detailing with great precision the steady formation of healthy granulations and the gradual closing up of the wound, and all the time the flesh was melting away, and to one, at least, of the anxious watchers it was evident that the death angel was ever hovering with silent wing about the suffering President. Antiseptic dressings were used and Quinine and Morphine given as indicated. Shall we ever know the amount of the drugs used and the special indications for

is to reveal the correctness of the theory of the attending surgeons and the wisdom of their diagnosis, prognosis, and treatment. The story of the autopsy is familiar to all. It is told with anatomical minuteness and precision, and with that dignity of bearing and language as if they were detailing the record of brilliant foresight and a great surgical triumph instead of a series of blunders and a disastrous failure. Even if we admit that under the circumstances the result would have been the same, no matter what the diagnosis, that the blow was of necessity mortal, and that the surgeons were faithful in their attendance and worked with disinterested zeal on what they supposed to be the right track, is there any excuse for their total lack of comprehension of every feature of the case, as is evident from subsequent revelations? We are not by any means sure if the autopsy had been made by experts who had no connection with the case it would not have revealed still more glaring ignorance than has yet been shown. It is by no means certain that the whole story of the autopsy has as yet been told, or that it was made with the precision which the occasion demanded,

Do we not get a clue to "the reason why," when a profession so fallible as ours plays the rôle of infallibility. as some of its members are very fond of doing, and as was done to a certain extent in the President's case? The public are not slow to find the joints in the armor and throw back with a smile of derision the utterances of oracular wisdom, which time not infrequently proves to be only a mask covering ignorance. A non-sectarian profession-in which some of the present leaders who have gained that position by a certain amount of arrogance and conceit, and seek to dictate terms to the medical world, cracking the whip of ethics and society rule over the weak-kneed and the indolent, would soon find their level and be buried so deeply out of sight that it would not need the Rock of Gibralter to be rolled on their graves to prevent their resurrection-would soon bring to its support, by the modesty of its utterances, the harmony and honesty of its councils and the intelligence and liberality of its investigations, the respect and confidence of the entire community. The days of sectarianism in medicine are numbered. Each day its strongest upholders are unwittingly digging its grave, and when the time comes, as it surely will, at no late day, when its members think less of self and more of the public good, when the glaring abuses which are now permitted in its ranks are remedied, a great profession will receive the meed of praise from an intelligent public which it richly

### N. Y. HOSPITAL FOR WOMEN.

The Trustees of the New York Medical College and Hospital for Women have reorganized their Board, and announce that they have secured the building No. 218 W. 54th St.—lately occupied as Hahnemann Hospital—which is admirably adapted to the purposee of a hospital, and are now prepared to receive patients, either in the wards, to which one entire floor is devoted, or in commoditions private rooms. This is the only However. commodious private rooms. This is the only Homco-pathic Hospital in the world where women are treated arclusively by physicians of their own sex. A dispen-At length the end comes. The long, weary and painful battle with death is over, and the knife mission may be made at the hospital.

### "THE MEDICAL COUNSELOR."

Our attention has been called to an editorial in the August issue of the Medical Counselor, which had escaped our notice, in which the editor controverts the position taken in the June issue of the N. Y. MEDICAL TIMES, that sectarianism in medicine is rapidly passing away, and that, however wise it may have been in the past to rally around a single point, and make that the nucleus of a distinct school, the recent investigations in science are broadening the mind and doing away with what in the past might have been a necessity for distinct sects. by infusing a greater liberality into medical counsels and teachings. We do not see anything in the article of the Counselor which changes our opinion as to the correctness of our position. That there is much illiberality in the profession is beyond doubt; but it seems to us that no one can carefully read the writings of the most advanced and clearest thinkers in the Old School and the New, and look to the aid which special scientific investigation in every department of medicine is bring ing to us, without feeling that the current of public sentiment is rapidly carrying us on towards greater harmony, to similar lines of investigation, and to like results.

After the centuries of wandering in the wilderness of Galenism, the Old School have given up the distinctive creed of their old master, and are rapidly getting back to the broader, more common sense, and more scientific generalization of Hippocrates, that diseases are sometimes cured by similars, sometimes by contraries, and sometimes by neither. The distinctive features of our school, independent of side issues, of which we have nothing to say, have become so incorporated into the therapeutics of the day that, if they were eliminated, but little would be left upon which any reliance could be placed. The heads of old cliques still retain their bitterness, and sneer at us while they appropriate the fruits of our research; and editors of medical journals whistle to keep up their courage as they give utterance to false statements and ridicule. We can afford to listen to all this ridicule, and bear with equanimity the sneers of half-fledged physicians and the heads of cliques who feel their power is departing. It seems to us the whole drift of thought is towards a scientific unity in which partition walls shall be swept away, and the great principle for which we have contended receive universal approval. To us it is evident that the leaders of thought for the next half century will be found in the ranks of the liberal, unbigoted, and unsectarian. THE TIMES, while it gives up none of its devotion to the great therapeutic principles for which it has always contended, prefers to place itself firmly upon the broad platform of unsectarianism in medicine.

As it regards the closing paragraphs of the Counscior's article, in which certain motives are attributed to the editors of THE TIMES, we have simply to say that, while we shall at all times defend the principles for which our journal contends, we shall have no reply to make to attacks upon the editors themselves. Our work must speak for itself, and will receive no defence at our hands.

### PLUMBERS' REGULATIONS.

Among the rules adopted by the Board of Health and approved by the Sanitary Committee, are that every plumber shall give immediate notice of his change of residence or place of business; that plumbing work must not be covered up or concealed until after it has been examined by the inspector of the Board of Health; and that the work be executed according to plans and specifications approved by the Board. specifications approved by the Board.

The following are among the most important rules

All materials must be of good quality and free from defects; the work must be executed in a thorough and workmanlike manner.

2. The arrangement of soil and waste pipes must be as direct as possible. The drain, soil, and waste pipes, and the traps, should, if practicable, be exposed to view for ready inspection at all times, and for convenience in repairing. It is recommended to place the soil and the restrict prince in a precial shaft between or adother vertical pipes in a special shaft, between or adjacent to the water closet and bathroom, and serving as a ventilating shaft for them. It should be accessible at every story, and should have a very open but strong grating at each floor to stand upon.

3. Every house or building must be separately and independently connected with the street sewer by an

iron pipe caulked with lead.

4. The house drain must be of iron, with a fall of at least one-half an inch to the foot if possible; and it should run slong the cellar wall unless this is impracticable; in which case it should be laid in a trench, cut at a uniform grade. All changes in direction must be made with curved pipes, and all connections with Y branch pipes and one-eighth bends. There should be interested to the content of the form of the content of the con an inlet for fresh air entering the drain just inside the trap, of at least four inches in diameter, leading to the outer air, and opening at any convenient place not too near the window. No brick, sheet metal or earthenware flue shall be used as a sewer ventilator, nor shall any chimney flue be used for this purpose

5. Every soil pipe and waste pipe must be of iron, and must extend at least two feet above the highest part of the roof, or coping, of undiminished size, with a return bend or cowl. It must not open near a win-dow nor an air shaft ventilating the living rooms. Horizontal soil and waste pipes are prohibited. There should be no traps on vertical soil pipes or vertical

waste pipes.

6. All iron pipes must be sound, free from holes and of a uniform thickness of not less than one-eighth of an inch for a diameter of two, three or four inches, or five thirty-seconds of an inch for a diameter of five or six inches. Before they are connected they must be thoroughly coated inside and outside with coal-tar vitch multiple of the coal-tar of the coal-tar or the coal-tar of the coal-tar of the coal-tar or the coal-ta

pitch, applied hot, or some other equivalent substance.
7. All joints in the drain pipes, soil pipes, and waste pipes must be so caulked with oakum and lead, or with cement made of iron-filings and sal-ammoniac, as to make them impermeable to gases All connections of lead with iron pipes should be made with a brass sleeve or ferrule. All connections of lead pipe should be by

wiped joints.

8. Every sink, basin, wash tray, bath, safe, and every tub or set of tubs, must be separately and effec-tively trapped. The traps must be placed as near the fixtures as practicable. All exit pipes should be pro-

fixtures as practicable. All exit pipes should be provided with strong metallic strainers.

9. Traps should be protected from syphonage by a special metallic air pipe, not less than one and one-half inches in diameter; if it supply air to a water-closet trap, not less than two inches in diameter, the size to increase with the number of water closets. These pipes should extend two feet above the highest part of the roof or coping; and, if independent of the upper end of the soil pipe, this extension should not be less than four inches in diameter, to avoid obstruction from

frost. These air pipes must always have a continuous slope, to avoid collecting water by condensation.

10. Every safe under a wash-basin, bath, urinal, water closet, or other fixture, must be drained by a special pipe, not directly connected with any soil pipe, waste pipe, drain, or sewer, but discharging into an open sink upon the cellar floor or outside the house.

11. No waste pipe from a refrigerator shall be directly connected with the soil or waste pipe, or with the drain or sewer, or discharge into the soil, but it should dis-

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or sewer, or uncharge that the analysis of sewer, or uncharge into an open sink.

12. All water closets inside the house must be supplied with water from a special tank or cistern, the water of which is not used for any other purpose. The closets must never be supplied directly from the Croton of water closets may be supsupply pipes. A group of water closets may be supplied from one tank, if on the same floor and contiguplied from one tank, if on the same floor and contigu-ous. The overflow pipes from tanks should discharge into an open sink or into the bowl of the closet itself, not into the soil or waste pipe, not into the drain or sewer. When the pressure of the Croton is not suffi-cient to supply these tanks, a pump must be provided. 13. Cisterns for drinking water are objectionable; if

indispensable, they must never be lined with lead, gal-

ed iron, or zinc.

14. Bain water leaders must never be used as soil, waste, or vent pipes, nor shall any soil, waste, or vent pipe be used as a leader.

15. No steam exhaust will be allowed to connect

with any soil or waste pipe.

17. Yards and areas should always be properly graded, cemented, flagged, or well-paved, and drained by pipes discharging into the house drain. These pipes by pipes discharging into the house drain. These pipes should be effectively trapped.

18. No privy vault or cesspool for sewerage will be permitted in any part of the city, when a sewer is ac-

### BIBLIOGRAPHICAL.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.

By C. Hering, M.D. Vol. III. Philadelphia: The
Am. Hom. Pub. Society.

It is with great pleasure that we announce the issue of "volume three" of this gigantic work, and we gladly accept the assurance that the editors thereof have been actuated by the spirit of the departed author, and have completed it as it would have been had Hering lived.

It contains the pathogeneses of Bryonia alba, to and including Chamonilla, alphabetically.

Notwithstanding the work does not profess to be condensed, as we have heretofore said, the text could have en rendered more understandable in one-half or less

Verbosity is the bane of much literature, and especially is this true of our works in this department! Many a well-intentioned student is prevented by this cause from even commencing the methodical study which alone can make perfection in this most arduous undertaking.

No one can be called a good therapeutist who cannot define upon good grounds his reasons for prescribing a particular medicine, and science will admit of no gen-

eralization in this particular,

To make the characteristic points of individualization appear in their honest integrity should be the effort of all workers in Materia Medica!

The death of the venerable author necessarily delayed for a time the labor required to put the MS, of Vol. III. in condition for the printer. The literary executors are now busily engaged on the next volume, and it will be placed in the hands of the subscribers at no distant day. The agents, Messrs. J. M. Stoddart & Co., who have a large experience in the sale of subscription books, we that it only exquires that one or the sale of subscription books, say that it only requires that one or two more volumes

shall be issued to insure a very large addition to the list of subscribers. This consummation will be much more speedily reached if the profession can be induced to lend their aid. This will encourage the editors, who, it must their aid. This will encourage the editors, who, it must be understood, are laboring without any remuneration, and are willing to do all they can to publish the whole work, if the profession wants it. Dr. Hering labored incessantly on the "Guiding Symptoms" for fifty years, sacrificing ease and money, hoping some day to give to the world the best and most complete Materia Medica ever published. His hope may be realized if the profession inclines. The MSS are said to be in such a shape as will enable the editors to do their appointed work. It should, therefore, be the endeavor and pleasure of all who feel any gratitude for what Hering was to our cause, to become holders of stock, and purchasers of the volumes as they appear. This work is Dr. Hering's self-erected monument—one that does him more honor than any that may be reared of stone, and more enduring and endearing, and being a legacy to his family, can only be made a source of revenue by its publication and sale. Our recommendation, therefore, is that each stockholder will further interest himself to the extent of inducing other members of the profession to become subscribers.

THE Board of Directors of the Am. Hom. Pub. Society announce that they have arranged to publish "Hering's Analytical Repertory of the Symptoms of the Mind," being a second revised and enlarged edition of his wellknown work on all mental symptoms observed in connection with bodily conditions.

This is one of the most scientific works ever produced in our school, and should be in the library of every

practitioner of medicine.

HOMGEOPATHIC THERAPEUTICS AS APPLIED TO OBSTETRICS, By Sheldon Leavitt, M.D., Professor of Physiology and Clinical Mid-wifery in Hahnemann Medical College and Hospital. Chicago: Duncan Brothers. 1881. pp 121.

This little book apparently embodies the experience of its author in the use of the drugs of which it treats. The subjects are intelligently worked up from a clinical standpoint in such a manner as to enable easy comparison and individualization, thus making a hand-book of to the practitioners in this department.

NEW REMEDY FOR BALDNESS.—In cases of confirmed baldness, the new remedy proposed is to remove the scalp, bit by bit, and substitute, by skin grafting, pleces of healthy scalp, taken from the heads of young persons. The success which has hitherto attended operations of this nature in cases of scalp wounds, gives a promising outlook for this new mode of curing bald-ness; and perhaps the day is not far distant when the shining pates of our venerable fathers will bloom with the flowing locks of youth.—Med. Advance.

AMERICAN DENTAL SOCIETY IN EUROPE.-It is a curious fact that American dentists have colonized the great centres of population in Europe, and taken the lead in the profession. They have organized an "American Dental Society in Europe," which holds its regular annual sessions. The eighth annual session was held some months ago, in Luzerne, Switzerland.

FOR ARSENIC POISONING.—A very handy and efficient antidote can be made by adding baking soda to dilute tincture of iron, forming sesquioxide of iron and common salt. This illustrates how readily ferric chloride adds its chlorine to another substance.—Dr. Shivers, in Med. Call, July, 1881.

<sup>\*</sup> Drs. Charles G. Raue, C. B. Knerr and Charles Mohr.

### CORRESPONDENCE.

### ON THE PRESENT STATE OF HOMOEOPATHY IN AMERICA.

THE STUDENTS.

" Ill fares the land, to hastening ills a prey, Where wealth accumulates and n -The Deserted Village.

The civilized world had its eyes upon our Republic when it celebrated the centennial of the surrender of The students of History had their sad eyes upon our chief men, and neither trumpet nor cannon could hush the cry of murder as it fell from Liberty's pallid lips. He who should then and there have represented our Washington lay in his mausoleum, and an assassin provided a nation with his surrogate!

One hundred years of a republic and the outcome of it all an assassin! Did ever such a century plant blossom before? A government of the people, by the people, for the people, and the spirit of hell seething in the national

Of course our awful grief was commensurate with our heart-moving less; but not the wordless agony of our bereavement can hide from us the remorseful conviction,

as we have sown so have we reaped.

We must not deceive ourselves, for all this is not a mere freak of Fortune. Every effect has an ade-quate cause, and the roots of this tragedy reach to our very hearts. Citizenship means responsibility, and responsibility should mean an unsullied morality. We must go into the forum as clean as we go into the temple or in the fulness of God's righteous wrath both forum and temple will fall upon us and

crush us.

This taint in our blood pervades everything; it has become even diathetic. Our very students evince it as an ante natal endowment. Our Colleges display it in rank luxuriance. In our Societies it is foudroyant; in our literature asphyctic. And in all of these we must mend or end. Look History squarely in the face and say if ever man mocked the eternal verities unscathed. Roman wealth reinforced by Roman culture failed, and that failure flung the world into darkness. Never can it be done. Whatever is not Right is Wrong, and Wrong it be done. it be done. Whatever is not Right is Wrong, and Wrong can reap only the same harvest forever.

It is, then, our purpose to consider the present state of Homeopathy in America with regard to its students, its colleges, its societies, and its literature; and in so doing he who wields the rod does not spare himself—alas, not even the lictors of a corrupt people can show a stripeless

you wish a demonstration of the decadence in the quality of our student-material turn to the inaugural theses of our American graduates at the close of the last century. Amicable relations with the mother country had been restored and the fame of Cullen drew American medical students to Edinburgh. Two volumes of such theses are now before the writer, and their elegant Latinity speaks well for our past Revolutionary peda-gogues. Such a Latinity was not to be speedily gotten in America, and its possession at that day denoted pro-tracted pupilage—a faithful apprenticeship to the "hu-manities" of our old-time scholars.

But Morgan, and Shippen, and Kuhn, and Rush, and Griffiths, and Barton, and Wistar were at work in Philadelphia, and we have other theses from their graduates. Shultz on Phytolacca decandra, Cooper on Datura Stra-monium, Knapp on "Apocynum cannabinum," and so on. These later theses are not without the internal evidence of ripe scholarship, still the appearance of a medical inaugural dissertation in the vernacular is also an evidence of the decay of scholarship. It denotes the advent of the so-called "practical," and in our latter day medical students we see its culmination: not ten in a hundred of them can read the theses of their professional

Now understand me distinctly: letters can never make of a fool any other than a fool, but there is a choice in even fools, and for the making of a doctor a lettered fool has decidedly the preference. Moreover, letters evi-dence scholarship, and the medical matriculate should

have that evidence always.

From those palmy days until now there has been one constant deterioration of pre-matriculate material, until, the evil having attained such dimensions, the reaction came in a demand for "a higher standard of medical education." As foolish a demand as ever came from the lips of conscious fraud. Chaucer says—and surely, I need not change the "well of English undefiled" in a medical journal!—

"And shame it is, if that a preest take kepe, To see a shitten shepherd, and clene shepe."

[Just here let me say that, if I have occasion to refer to such shepherds, I will mention them as s. s., for eu-

phony's sake.]
Well, one of these very s. s. once stood up in our National Association, and, with a forehead of Corinthian brass, said in effect: "We Colleges make just such material as you send us to make. You send us a dolt, and as a dolt he goes into our all-receiving hopper. The mill goes on, and we return him to you a diplomaed dolt, and vice versa." Very well, my brass-fronted s. s.; but do you label your diplomaed dolt "middlings," or "terrese" extra food in feet 2. Does he not rether. "screenings?"—swine food, in fact? Does he not rather emerge from your mill with a lying trade-mark on him—
"Superfine A. 1. For Family Use"?

An honest reform, of any kind whatsoever, will never start in the Colleges until they themselves are reformed. Surely, an honest reform in the matter of exacting the requisite pre-matriculate attainments would find its most hopeful opportunity in an institution having a salaried faculty and supported by the State. In such a position a large class could afford no venal inducement to relax the r of a decent pre-matriculate examination; and yet in such an institution, and only recently, a dean of a medical faculty was virtually convicted of admitting shamefully incompetent applicants. In the same institution I have also known an equal official laxity to obtain when have also known an equal official laxity to obtain when the class in attendance numbered upwards of five hundred, and this venial dean had not even the temptation of a "beggarly display of empty benches." Of one thing we may be sure, namely, just as much honor and virtue as there is in a faculty will there also be in its matriculates. One necessitates the other, for the demand regulates the supply always and in everything. Given a rascally faculty and its outcome is only rascally. The student who is improperly admitted knows his own incompetence; knows that the law of the college, in his case, has been violated; knows that the culpable officials are either knaves or fools, and before he has graduated are either knaves or fools, and before he has graduated has had ample evidence that they are both. And when a student has lost confidence in the rectitude and the truthfulness of a teacher education becomes a farce. A brace of knaves can no more look each other in the face without laughing than could a couple of Roman urs—and this in a profession wherein a fixed faith in ontials is as vital as is a sun to an universe!

essentials is as vital as is a sun to an universe!

However much the profession may yearn for a reform it cannot trust the Colleges for it. I speak for the Homcopathic School in America, and sine exceptions. To be sure, plausible announcements are published, glowing with specious promises, and examination-schedules are scattered thick as leaves in Vallombrosa, and the most translucent of evasions taint them all.

And this is not the worst, for once upon a time an incompone matriculate said to me: "I am ashamed of

agenuous matriculate said to me: "I am ashamed of the fear with which I entered upon my pre-matriculate examination." And well he might be, for its grade would evoke the contempt of a ward school scholar.

inadequate grade of pre-matriculate attainments, and the infidelity of officials in exacting even that. Now, one would say that in such a dilemma the profession must look for reformation to itself. But, alas, the profession is itself inadequate; the profession is largely the product is itself inadequate; the profession is largely the product of these corrupt educators, and to demand a reform is not only to condemn themselves: it is also to essay that for which they, too, are not competent. The profession can only say what grade of students they will admit to their offices as students. They can exclude improper candidates for medical honors, but how many of the profession to develop and who improper and who design to day can say who is proper and who improper? A man can see only that which he has learned to see, and back of even this is that helpless intellectual amaurosis—congenital, as a rule! Suppose we convene our societies, and move in this direction. What can be done? Why the diplomaed herd will aggregate from the "divine" instinct of self-preservation and defeat you, "constitutionally," too, by vote.

The vote is your only equalizer, to it god and devil alike count one, and the only trouble is that your devil is the surer fool-getter. "A rare world, my masters!" However, we may spare our speculations, for even this avenue of escape is blockaded by the Colleges. They

avenue of escape is blockaded by the Colleges. They amounce a three years' course and no preceptorship. Alas, alas, "we are ruined by Chinee cheap labor!"

Quis custodict ipsos custodes? Who but those to whom their profession is not a trade? They are around and about us and by some veiled beneficence they rarely find their way into Colleges; they touch not pitch and are undefiled. These must aggregate and form a society so high in its demands, so pure in its administration that its membership will be the crown. administration, that its membership will be the crown of scholarship and the criterion of honest worth. its ranks the alamni of certain Colleges must find no entrance,—having "Unclean" written in leprous scales upon their brows. And this ban must be removed only in the instance of such a College, or Colleges, as will be found above reproach. Is this chimerical? Well, I say this: if Homeopathy is to survey as a School, it must come to this. The kinetic energy of its few intellectual *étite* cannot overcome the potential energy of the professional "great unwashed," and when the vis inertie is invincible the race is at an end. A few men are carrying Homocopathy as it is, and it is their learning alone which secures for it even such a hearing as it now receives; and when all its truths are appropriated, as one by one they are being, by the older jority, Homosopathy will remain to its own unworthy ildren only the "shadow of a name." Its methods Its methods children only the will be employed by men of broader and deeper culture, and "symptom hunting" will be left for only domestic dilettanti

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That good, well-qualified students are to be found in nearly every medical college is a part of the painful ex-perience of every honest teacher; and to him the pain-fulness is that the qualified student has to suffer for the short-comings of the unqualified. The suffering comes in this way: a good teacher will single out one of the dullest in his class, and never leave a single point in his teaching until he sees by the light in the dull student's eyes that the teacher is understood. Then he can go on, confident that the brighter ones have surely been recipient. Well, an inadequately-prepared student consumes the time of a competent one by the necessity of explanations which a proper preliminary education would have rendered unnecessary. The adequately-prepared is obliged to walk when he could run, and the Professor has to lecture down to the level of a country schoolmaster—an exhibitanting employment for a real teacher, and a decided soporific for a qualified student.

It will be urged that as the crowning glory of our nation is the accessibility of our humblest-born citizen to the highest office in the gift of the people, so are we equally proud that we have made Law and Medicine fling open their portals to the peasant's son; and it may

We have, then, two evils of serious magnitude: an be added that the rapid development of our country has necessitated a quickly-developed supply of physicians; and, even more, that we may point with pardonable pride to the absolutely "practical" character of American physicians, and insist that, in our method of medical education, we have educed the practical by eliminating the pedantic. In all this there is much of truth; but it was, in the first place, an experiment which only a pressing demand from our luxuriant devel-opment could extenuate; and, in the second place, we just at once declare that education is largely futile, or else we must inquire,—what would have been the outcome if our puissant "practical" men had also been crowned with the fulness of knowledge? The urgency of the past does not exist to-day, and we can find a glut of professional material, poured out from our profes-sional "forcing houses" annually, in even the villages of the land. The results are becoming very apparent in a horde of needy and seedy "Doctors" who, under the bread-and-butter necessity, produce an abortion with as much sang froid as they open an abscess. If Dr. A. will not do it Dr. B. will, as A. soon finds from his diminishing practice.

Perhaps we want something other than "practical" men, and with a higher morale in our Colleges we may have something other. I say a higher morale in our Colleges, because I know an instance wherein the dean of a faculty made strenuous endeavors to procure the graduation of a student who was known to have produced an abortion—"A fellow-feeling makes us wondrous kind !"

A higher grade of pre-matriculate qualifications is our only alternative, and this will necessitate riper years in the matriculate. They enter our colleges now with the downy cheeks of adolescence, and do not tarry there until their beards are grown. What cheek is there until their beards are grown. What check is such an one upon a "Professor" who is only a pre-tense? Ignorant assumption runs riot before such

tense? Ignorant assumption runs riot before such auditors, and instead of being reproved is applauded. It is not the purpose of this paper to suggest the requisite grade of pre-matriculate attainments, but rather to declare how debased is that grade in many, many instances. Let it go upon record, then, that we admit as matriculates in our medical Colleges students who cannot correctly speak or write their mother tongue; who are shockingly ignorant of the common branches of an English education; to whom Natural Philosophy is terra incognita, and "Physics" suggestive of only heterodox cathartics. With these in the branch what

must be the parent stem?

I am thankful for a passing gleam of sunshine that falls athwart this gloomy page, and it comes to me from an old-time memory. I knew a poor student, having only the world before him, who entered a medical college but receive memory of his law. poorly prepared. He, however, was conscious of his lg-norance—surely. Heaven was kind to him! His chi-rography was execrable and his language a libel on Lindley Murray. He selected the church of a clergy-man famous for his scholarship, and there he was on the occasion of every sermon, lecture, and oral exercise whatsoever, with his note book in hand. He was faithful in his attendance at college, and an indefatigable reader in studies beyond the curriculum. When he graduated, his thesis, in chirography, style and substance, might have been envied by many an A. B.

"Slow rises worth, by poverty depressed."

But, thank God, it can and will rise because it is worth."

Show such a poor student as this what he will gain in absorbing power by proper pre-matriculate attainments and he will never knock at your college door until he is ripely ready; and when he does knock, as knock he will, see that you open with thankfulness, for one of God's

messengers has come to you.

If any poor and needy young man, having his eyes turned medicine-wards, shall read these lines, let me say

to him: As you are, so was he who is writing. The actto him: As you are, so was he who is writing. The actual self-denial of very humble parents sent him to medical college, and his very heart is with you. Take nothing amiss that he has here written. It is for your good, as it would have been for his had it only been written. And, more than all, know that he is writing very plainly for the ultimate good of a profession which he hopes in his heart may become yours, and you its. in his heart may become yours, and you its.

Ann Arbon, Oct. 26.

S. A. Jones.

### OUR LONDON LETTER.

MESSRS. EDITORS :- Yesterday the fifth session of the MESSRS. EDITORS:—Yesterday the fifth session of the London School of Homœopathy was inaugurated by Dr. Richard Hughes, who delivered the second Hahnemann oration in the board room of the London Homœopathic Hospital on "Hahnemann, the Medical Philosopher," That it was eloquent, learned, and profound will be understood when it is said that it was worthy at once of the subject and the orator. There was a large audience composed for the most part of old school students and practitioners, who listened with interest throughout, and joined heartily in the applause at the close. It is to be hoped that so good a beginning may prove the omen of

a prosperous session.

The London School of Homocopathy has had its difficulties to contend with, and is far from having overcome
thom all as yet. It has never wanted friends—especially candid friends-and never wanted efficient teachers. The great want has been students. On some occasions the attendance of students on the lectures has fallen to zero. Serious thoughts have been entertained of discontinuing the systematic courses altogether, and devoting more attention to clinical work in the wards, and clinical lectures. The prospect, however, has grown brighter, and it has been decided to go on as before with the systematic courses, and at the same time to do all that was proposed towards making the clinical teaching more

effective.

But if the school has not proved directly the success that its originators hoped it would do, it has indirectly accomplished much. There can be little doubt that the present improved position of homeopathy and its purposes in the medical world is, in no small measure, due to the exertions of the promoters of the school, and their persistence in bringing it to the notice of the medical profession and the public. Its very existence is a monument of the strength of our connections; and it robs our connections of any excuse in their ignorance.

our opponents for any excuse in their ignorance.

The year 1881 will mark an epoch in the annals of British Homeopathy. It has been through a long season of depression. When this year came in there was no sign of its pression. of depression. When this year came in there was no sign of its passing away. The veteran workers and plo-neers croaked, the younger men sighed, and the date of the medical millennium was fixed for the year of grace 2,000 at the earliest. By that time it was felt, truth might have prevailed, and honor have been given to whom honor was due. Now the prospect is very different. The barometer has risen steadily. The controversy that sprang out of the treatment of the late Lord Beaconsfield was the first thing to give an impulse in the right direction. It matters not that his Lordship's ordinary medical attendant was neither homocopath or allopath, but a mere kiddopath; it matters not that he played a mis-erable part throughout, almost as miserable as that played by those who met him in consultation. The question of the standing and rights of homosopaths was raised anew, and had to be fought over again, and the battle is not over yet. But homeopathy has gained advantages all along the line. Our letters have been admitted to the weekly medical journals. Professed homeopaths were invited medical journals. Professed homosopaths were invited with other qualified and registered medical practitioners, to attend the great International Medical Congress in August last, and take part in its debates. At the annual meeting of the British Medical Association at Ryde, which followed closely on the congress, the president spoke for toleration of homosopaths; and two of the

presidents of sections, Dr. Bristowe and Mr. Hutchinson, did honor to themselves and the profession they adorn, by speaking boldly in favor of the right of all to practice as they think best, and by denouncing the folly of persecuting a belief. It is true the account they gave of Hahnemann and homocopathy was incorrect in many im-portant points, but the subject was treated in a fair spirit, and this treatment it has never received from that quar-ter before. Of course the Editor of *The Lancet* howled and tore his hair. He had but a few weeks before called and tore his hair. He had but a few weeks before called on the association to "curse the people utterly," and behold its principal speakers find for them something much more like a blessing. The Lancet's howls frighten nobody now any more than its name does. It is well known to affect all the lowest instincts of the profession and is losing its best friends. One may safely expect to receive fairness at the hands of the other medical journals, but one might as well look for figs on a bramble bush as for fairness in the Editor of The Lancet.

At a meeting of a local medical society in Liverpool, the Ryde addresses were discussed and on its being put to

the Ryde addresses were discussed, and on its being put to the vote whether or not there should be perfect freedom of professional intercourse between all on the medical register, the motion was lost by the narrow majority of

three against—26 to 23.

In the last issue of the *British Medical Journal* are three letters from allopaths, all strongly in favor of perfect liberty of action and freedom of consultation. But a few months back the name of homoeopathy was like the odor of garlic in the orthodox nose: (it is true the thing homocopathy did not offend them, provided it came to them with another name through the pages of Philips & Co.). But now it is discovered that the name

rnnips & Co.). But now it is discovered that the name is not so necessary after all, and that whilst nipping the nose to avoid the smell of garlic, the orthodox have all the time been shunning lilies in mistake.

Dr. Bristowe in his address took "Hahnemann" for his theme, and the "Organon" for his text, "to quote the words of Hughes, and a fine address it is, look at it from what side we may. But it had its vulnerable points. These Dr. Hughes has not failed to strike. He also took the "Organon" for his text, and the oration he vester. the "Organon" for his text, and the oration he yester-day delivered, while it in no point fails to equal Bris-towe's, affords a full and complete answer to all the adverse strictures of the latter on the principles and

practice of homoopathy.

Yours fraternally,

JOHN H. CLARKE, M.D. EDINBURGH.

15 St George's Terrace, Gloucester Road, London, S. W., October 4, 1881.

### SOCIETY REPORTS.

### MASSACHUSETTS HOM, MED. SOCIETY.

The semi-annual meeting of the Massachusetts Hom-copathic Medical Society was held in Boston, the Pres-ident, Dr. J. T. Harris, in the chair. Dr. I. T. Talbot, of Boston, read a paper on the "Uses and Abuses of the Probe," in which he referred to the case of President Garfield, as showing how the probe may deceive and prove injurious. He pointed out the feet that the wound untored by the probe to the case of President Garneld, as snowing now the probe may deceive and prove injurious. He pointed out the fact that the wound, untouched by the probe, had shown a healing tendency; and that even in the hands of skillful surgeons, the probe had taken a wrong direction and in the pus cayity had doubled on itself.

Dr. J. Heber Smith, on the part of the Committee on Insane Hospitals, read a report, in which it was stated

insane riospitals, read a report, in which it was stated that they were prepared to demand that an insane hespital in this State be placed under homeopathic care. It was claimed that even the showing of the Allopaths indicated that little had been done in the work of cure. The report urged that the large element of believers in Homosopathy in the population of the State are entitled to representation in the work of caring for the insane. It is also claimed that women physicians should be placed on the medical staff of every insane asylum. At the close of the report, the following resolutions were adopted:

Resolved. That the Massachusetts Homocopathic Medical Society heartily indones the report of its Committee on a Homocopathic Insue Hospital, and considers that the time has fully come when the State should furnish to its dependent insue the more efficient as well as more humane treatment of homocopathy.

Resolved, That the Committee be requested to prepare and circulate petitions to the State Legislature, and that the members of this Society, the homocopathic physicians, and the friends of homocopathy in Massachusetts be earnestly requested to use their influence with 'he press, the people, and the Legislature, that this want be provided for at the earliest possible moment.

Dr. S. M. Cate, of the Committee on Gamesology, read-

Dr. S. M. Cate of the Committee on Gynæcology read a paper on "Anteflexion of the Uterus." Papers were read on "Etiology and Diagnosis," by Dr. Porter, and one on "Treatment" by Dr. Bennett.

The oration was delivered at the beginning of the afternoon session, by John L. Coffin M. D., who reviewed the advance in public estimation which Homos opathy has made, especially within the last few years, citing the tendency toward a coalition of the two schools which has been manifested in conservative England, and was strikingly manifested in the remarkable address of Dr. Bristowe, before the British Medical Assocress of Dr. Bristowe, before the British Medical Asso-ciation at Ryde. The speaker urged that hereafter path-ology and physiology must not be subordinate to thera-peutics, and voiced objections to the present imperfect condition of the Materia Medica which, judging from the applause which greeted his words, are entertained by his hearers. While the allopathic school has devoted itself to objective experiments with drugs, the homeo-pathic school has perhaps spent too much time in deter-mining subjective symptoms, and that school which in the near future rises to the gravity of the situation, and makes free use of the excellencies of both, will be the school which will succeed. On motion of Dr. Thayer school which will succeed. On motion of Dr. Inayer a vote of thanks to the orator was passed, and a copy of the oration requested for publication.

W. B. Chamberlain, M. D., presented a paper on the use of cold water in cases of typhoid fever,

advocating this treatment, and citing from his own ex-

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J. H. Sherman, M.D., of Boston, read a paper on obesity, which he considered a disease. The doctor re-duced his own weight 43 pounds in ten months, by a system of diet.

### THE HOMEOPATHIO MEDICAL SOCIETY OF PENNSYLVANIA.

This society held its seventeenth annual session at

West Chester, on Sept. 20th.

The efforts of the Officers and Local Committee of Arrangements, together with the stirring appeals of Dr. Chas. Mohr of the Phila. Co. Soc., and the editors of the Hahnemannian Monthly, resulted in the attendance of a larger number of the members of the profession than usually attend these annual gatherings. The result showed what may be accomplished by the work and personal efforts of even a few. Who can calculate the immense amount of professional profit that would accrue to all, if only one-half of our number would remember their duty in the premises and knowing would resolve their duty in the premises, and knowing would resolve to do? The number of new members admitted at this meeting almost equalled the whole attendance of members at the meeting in 1879.

bers at the meeting in 1879.

The following were the officers of the session: President, Dr. J. H. McClelland, Pittsburg; 1st Vice Pres't, Dr. B. F. Betts, Phila; 2d Vice Pres't, Dr. J. J. Detwiller, Easton; Record. Sec'y. Dr. Z. T. Miller, Pittsburg; Corr. Sec'y, Dr. R. E. Caruthers, Allegheny; Treasurer, Dr. J. F. Cooper, Allegheny.

In the absence of the regular corresponding secretary, Dr. W. J. Martin, of Pittsburg, assumed the duties protein.

The meeting was called to order by Dr. McClelland, who delivered the annual address, of which the West Chester Local News speaks as follows:

"The address was delivered in a good, full tone, and was couched in language which betrayed the scholar, and a thorough discipleship to the medical doctrines of Hahnemann. He alluded to the struggles of eminent men who discovered principles and who were bitterly corpored by the advectes of the artistic follows: opposed by the advocates of then existing fallacies. He spoke of recently standing at the birth place of Galileo and of meditating there over his struggles and triumphs; he spoke of the erection in London of a monument to Harvey who was persecuted because he discovered the circulation of the blood; and the time is not far distant, when Hahnemann would be revered for his services in medical science, and monuments would be dedicated to

"The speaker gave an able resume of the progress of homoeopathic principles, referring to various features in the science, and showing how the leaven of Hahnemann has been working, bringing physicians of opposite schools, who recognize the force of the inductive method in other sciences, to admit much of the truth and power of Homeopathy. Many who have not been converted of Homocopathy. Many who have not been converted to Homocopathy have greatly changed their views and modified their treatment, "The speaker offered a number of suggestions on

subjects connected with Homocopathy. One was to urge the passage of a bill by our Legislature to establish a State sanitary supervision of public schools, etc. He threw out suggestions which furnished food for thought and material for discussion.

"In closing his address the speaker referred to the death of President Garfield, and for his fortitude during his sufferings, and suggested the appointment of a com-mittee to draft suitable resolutions on the event.

"Reports from various committees followed: from the treasurer and auditing committee, from the corresponding secretary, the committee on publication, the committee on subscription, the committee on legislation.
On the latter report the President, Dr. C. Mohr and Dr.
B. F. Betts, of Philadelphia, offered remarks. Other reports offered were of the Historical Committee, the Committee on Epidemic and Endemic diseases, Committee on Public Institutions, report of delegates to and from medical societies, etc., were likewise read and adopted. Dr. J. E. Jones, of West Chester, offered the following report of the Homocopathic Societies of Chester, Delaware and Montgomery counties, of Pennsylvania:

"They have successfully continued their quarterly sessions through the past year, and have been profited by instructive papers at each session of the Society.

"They would bring intelligence of the continued prog-ress of the cause of Homocopathy in these counties, with reas of the cause of Homeopathy in these counties, with an increase of members of the profession and patrons. The report also shows good feeling and united efforts among the physicians. They also report with sadness the death of a former colleague, Dr. Coates Preston. Dr. P. was one most energetic and faithful in the interest with which he attended the meetings, and was most thoroughly the champion for the cause of Similia."

The committee appointed to draft saitable resolutions on the death of the President of the United States,

reported as follows:

The Homocopathic Medical Society of the State of Pennsylvania, in regular annual meeting assembled at West Chester, Pa, this day, September 20, 1881, has heard with addened hearts of the death, last evening, at Long Branch, N. J. of the gallant soldier, wise statesman, good citizen and beloved President James A. Garfield, hereby attests its recognition of, and profound grief at, the great loss our country has sustained in this untimely decease, and hereby expresses its deep and heartfelt sympathy with the bereaved widow and orphaned children of our Chief Magistrate.

Resolved. That this action of the Society be printed with its pub-cations and a copy thereof be sent by the secretary to Mrs. Garfield. "Dr. Toothaker, of Philadelphia, pending the passage of the resolution, which was adopted unanimously by a rising vote, made some feeling remarks, paying a trib-ute to Garfield for his great qualities as a statesman, soldier, citizen and gentleman. The action of the society and the resolution, etc., were ordered to be telegraphed

to Mrs. Garfield.

to Mrs. Garfield.

"In connection with this it may be stated here that the Society showed its respect for the memory of Garfield and its appreciation of the feelings of the community by declining a banquet which had been tendered by the proprietors of the hotel before the death of the President."

The reports of the various bureaus were next in order. all presenting papers relating to the various branches of medical science. It would be a waste of time and space to give a simple enumeration of titles, without an accompanying abstract, which we are unable to do at

accompanying abstract, which we are unable to do at the present time.

Routine business, the discussion and adoption of a new Constitution and By-Laws, Election of Officers, Appoint-ment of Bureaus, finished the work of the session. The society adjourned to meet at Altoona in the first week of Sept., 1882. The papers presented were on interesting and practical subjects, and the greater number showed careful preparation. The Committee on Publication are already busy with the MSS, for the forthcoming volume, from which we hope to be able to give full extracts.

already busy with the MSS. for the forthcoming volume, from which we hope to be able to give full extracts.

Officers for 1882: Pres't, Dr. J. C. Morgan, Phila.; 1st Vice Pres't, Dr. P. Dudley, Phila.; 2d Vice Pres't, Dr. J. B. Wood, West Chester; Record. Sec'y, Z. T. Miller, Pittsburgh; Corr. Sec'y, R. E. Caruthers, Allegheny; Treasurer, J. F. Cooper. Chairman Board of Censors, R. J. McClatchey, Phila.

### BUREAU APPOINTMENTS

Sanitary Science: Drs. P. Dudley, J. F. Cooper, Clarence Bartlett, J. R. Mansfield, C. C. Rinehart.

Surgery: Drs. J. J. Detwiller, W. R. Childs, L. H. Willard, C. M. Thomas, S. C. Scott, J. E. James, M. J.

Willard, C. M. Thomas, S. C. Scott, J. E. James, M. J. Buck.

Materia Medica: Drs. H. N. Martin, M. S. Williamson, E. A. Farrington, Chas. Mohr, Z. T. Miller, T. S. Dunning, H. Pitcairn.

Ophtholmology and Otology: Drs. J. E. Jones, W. H. Winslow, W. H. Bigler, B. W. James, J. W. Detwiller.

Gynacology: Drs. B. F. Betts, J. C. Morgan, M. Hawley, J. C. Burgher, M. J. Chapman, W. D. Hall.

Obstetrics: Drs. M. M. Walker, J. H. Marsden, R. J. McClatchy, J. H. Way, C. P. Seip, A. H. Ashton, C. T. Canfield, H. N. Guernsey.

Clinical Medicine: Drs. C. F. Bingaman, Aug. Korndoerfer, C. E. Toothaker, Ad. Lippe, W. J. Martin,

Pædology: Drs. J. K. Lee, C. W. Perkins, H. A. Kimball, W. F. Edmundson, H. Hofman, J. W. Allen.

Pathology and Pathological Anatomy: W. C. Goodno, W. B. Van Lennep, A. R. Thomas, J. B. McClelland, H. M. Bunting. H. M. Bunting.

Organization, Registration and Statistics: Drs. R. E. Caruthers, J. R. Swartz, J. B. Wood, J. L. Ferson,

## REPORT OF THE ALBANY CITY HOMOEOPATHIC HOSPITAL AND DISPENSARY, FOR THE YEAR ENDING DECEMBER 31, 1880.

By J. J. PECKHAM, M.D., RESIDENT PHYSICIAN.

### HOSPITAL.

Total number under treatment during the year, 93; number of deaths, 4; of which 3 were from phthisis pulmonalis, and following operation, 1.

### DISPENSARY.

Number of prescriptions, 3,685; number of surgical cases, 372; number of visits to out-patients, 112.

cases has been under the care of two of Albany's most distinguished surgeons, Drs. Swinburne and Balch.

The experience acquired by Dr. Swinburne during the recent war of the Rebellion in this country, the Crimean and the Franco-Prussian wars in Europe, is equalled by few surgeons now living, and has eminently qualified him for a position at the head of his profession. He has gained a world-wide reputation for ability in all the departments of conservative and operative surgery; also, more particularly for his remarkable success in the management of fractures and dislocations, which, although radically different from the system taught in most schools, has been approved and adopted by surgeons most schools, has been approved and adopted by surgeons of the highest standing and largest experience, and yields a much larger proportion of favorable results than that of any other method.

treatment of wounds and injuries, with and with-The treatment or wounds and injuries, with and without dislocations, by the constant use of applications of
hot water, which these two surgeons employ with signal
success, is now generally adopted without question.
Under its proper application a larger proportion of
recoveries from the most important operations, may now
be considered a question no longer in doubt. The most
desperate cases of injuries by accident, involving destruction of bone and loss of tissue, and in which, under the tion of bone and loss of tissue, and in which, under the most favorable conditions, the saving of limbs and the retention of their natural movements, could not previously have been considered possible, are now treated at our hospital with such marked success as to leave

little room for improvement in future.

There were many surgical cases treated at the hospital during 1880; among them the following are worthy of special notice.

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Cancer of the Mamma. The patient, a female, married, 42 years of age, seamstress by occupation. The disease involved the breast and axillary glands, of the disease involved the breast and axillary glands, of the right side. The whole breast and the enlarged axillary glands were removed by Dr. Balch, June 30, 1879. The wound healed without long delay. At the expiration of nine months the patient was discharged cured, and at the present time is able to earn her own support. The internal treatment, during the first three months, consisted of ordinary doses of Fowler's solution, followed by the second trituration of Arsenicum; the external, of the constant application of cloths wet in hot water, renewed three or four times daily and covered with

renewed three or four times daily, and covered with oiled silk. After the formation of granulations in the wound, it was washed twice daily with a solution of

oiled silk. After the formation of granulations in the wound, it was washed twice daily with a solution of nitric acid, of about 20 drops to an ounce of water.

Fibroid Tumor. The patient, a male, aged 48 years, suffering from the presence of a tumor on the left side of the neck, which had been gradually increasing in size for more than twenty years. The tumor pressed against the larynx, trachea and cesophagus to such an extent as greatly to interfere with respiration and degluttion. The tumor was successfully removed by Dr. Balch. Its weight was four pounds. The patient died of pneumonia the fourth week after the operation.

Removal of Superior Maxillary Bone. The patient, a female, unmarried, aged 37 years, suffering from cancerous degeneration of the right superior maxillary bone, producing an unsightly enlargement and involving the soft parts of the cheek. The principal part of the morbid growth was removed by Dr. Balch. Portions of the diseased mass extending behind the orbit and downward into the pharynx could not be safely removed. The wound healed rapidly, under the influence of hot water dressings. The growth of the diseased mass ultimately destroyed the life of the patient.

Fracture at the Base of the Skull. The patient, a middle aged man, was injured by a fall, fracturing the occipital bone. The patient was kept as quiet as possible. For several days applications of hot water were continually made to the base of the skull on the back of the neck. Compound Fracture of the Right Leg, with Dislocation.

REPORT OF CASES.

During the past two years the treatment of all surgical

the neck. Complete recovery at the end of four weeks.

Compound Fracture of the Right Leg, with Dislocation.

The patient, a male, eleven years of age was injured by

his right leg being caught between the spokes of a wagon wheel while in motion, producing compound comminuted fracture of the right tibia and fibula at lower third, also dislocation of the ankle joint. Amputation of the leg seemed inevitable. Hot water applications were made, the wound was dressed with a solution of nitric acid, ten drops to the ounce of water, and the patient was given nourishing food. Several small pieces of bone came away. Recovery; retention of the movements of the joints; leg one inch shorter than the other.

### TRANSLATIONS, GLEANINGS, ETC.

IS OPIUM-EATING INJURIOUS?-Mr. D. H. Cullimore, writing to the Br. Med. Jour. of June 25, in reply to the query of Dr. Murrell "Is opium-eating and opiumsmoking necessarily and universally pernicious?" says:
"In one respect it is more pernicious than either tobacco
or alcohol, and that is, in the fact that its use is more liable to degenerate into abuse than either of these. In moderation, I have been told, many people look upon their daily supply as a fillip—a sherry-and-bitters, in fact; and in numerous instances it has been found, after a lifetime, as little injurious. On the other hand, when the mind has become unbalanced from pecuniary loss or domestic calamities, the usual allowance is ex ceeded, and what was originally a moderate dose would eventually be looked upon as a homocopathic or even an infinitesimal one. Moderation, even here, is often regulated by the purchasing power of the individual; regulated by the purchasing positive, will ever remain a barrier, not only against its general abuse, but even against its universal use, amongst the immense population of China. Thus, in Singapore, where the wages lation of China. Thus, in Singapore, where the wages of the Chinese are good, the consumption of opium is at the rate of 330 grains a year for each person. In Java, where the Chinese community is a small one, and the wages comparatively low, the consumption does not exceed 40 grains; and in China itself, the rate of consumption is 140 grains, or adult doses, which would not give half a grain a day. But, as I said before, it is inaccessible to the mass of the people, owing to their poverty. In many cases with which I was familiar it did not produce constination or loss of appearance. their poverty. In many cases with which I was familiar, it did not produce constipation or loss of appetite, even when attended with listlessness and voluptuous reveries. No such effects followed as the result of separate doses; but, as a rule, its continued use will eventually end in loss of appetite, constipation, mental decay, and sexual impotency. The classic description of what I should call the confirmed rather than the habital confirmed are considered by Dr. Murrell, though or what I should call the confirmed rather than the habitual opium-eater, quoted by Dr. Murrell, though exaggerated and highly colored—as such descriptions are likely to be—is in many particulars correct. For instance, a casual observer can recognize at a glance among any collection of well-to-do Chinamen assembled round the joss-house, or other resort, a few possessing most distinctive characters of the confirmed debauchee. I have never seen a death the immediate and exciting cause of which was opium-eating, but can remmber a few the result of an active and excessive debauch with this drug in conjunction with bang, an extract of Indian hemp.

THYROID TUMORS.—M. Tillaux (Le Prog. Med.) having to operate on a tumor of the thyroid region, possessing all the symptoms of an exophthalmic goitre, followed the advice of Prof. Rosé, of Zurich, and made two incisions, from the base of the sternum along the inner edges of each sterno-cleido-mastodeus muscle, thus forming a flap with the base upwards. By this means the removal of the tumor was very much facilitated. After the operation the symptoms improved and the wound healed, notwiths anding an attack of erysipelas. Unfortunately, the histological examination showed the diseased structure to be a sarcoma, and the

patient died a short time afterwards, from pulmonary cancer. M. T. asked if it was an exophthalmic goitre, or only tumors of the thyroid body, which gave rise, by the compression which they exercised upon the vessels and nerves of the neck, to the symptoms of Basedow's disease; and referred to a former successful removal of a tumor with an exophthalmic cachexia (see Timas vol. IX., p. 197). MM. Sée, Monod, and Ledentu, were of the opinion that the symptomatic picture of exophthalmic goitre might be present with tumors of the thyroid gland, and disappear with their ablation; but they did not wish to confound this surgical exophthalmic goitre with Graves' or Basedow's disease, in which, besides the general symptoms of the circulatory and nervous systems, we observe a swelling of the thyroid body, giving place to a tumor which was softer, more pliant, and more clearly vascular than the so-called tumors of this organ. M. Dubous thought the amelioration due to an augmentation of the arterial pressure produced by the operation in removing a circulatory diverticulum. To this same reason might be ascribed the benefits derived from the administration of Digitalis. Sulphate of Quinine, etc., in exophthalmic goitre, (T. M. S.)

TRICHINOSIS.—A late number of the Archiecs contains an interesting account of an epidemic of trichinæ, which took place in El Khiam, in the vicinity of the headwaters of the Jordan, and which was clearly traceable to the eating of the flesh of some wild swine. Two hundred and sixty-two persons were attacked; viz. 124 men. 103 women, and 35 children, but with only six deaths. Besides the natural habits of the wild hog in the marshes which it frequently inhabits, it should be remembered that it lives on the papyrus roots, and in searching for these, eats also a number of living things, such as worms, snakes, and rats, the latter oftentimes containing trichinæ. Prof. Virchow remarks that in Germany trichinæ had frequently followed the use of the flesh of the wild hog; but the discovery for the first time of this parasite in the East will be of great interest to the history of civilization, since in this the Mosaic laws find a positive foundation. We add here, also, the substance of a communication upon an outbreak of this trouble in several places in Russia, where the raising of swine was extensively carried on, and formed one of their chief articles of export. The animals were accustomed to feed in an oak grove. A microscopic examination, frequently repeated in different places, clearly established the trichinous condition. Further observation showed that the sick animals would not eat the accorns, but sought eagerly for roots and eat them greedily, while the healthy ones paid no attention to them. Upon questioning the herdsmen, it was learned that the sick swine—just as any other animal—sought instinctively for a medicine, and generally found it. This was a hint to the physicians, and, obtaining the plants which the animals eat, they dried them, extracted an essence, and, by experiment, found that one drop was sufficient to kill the trichine. It was now more carefully experimented with by the aid of the microscope, upon several animals, and the conclusion reached that this essence furnished a protection against

ELECTRICITY IN UTERINE INERTIA, POST-PARTUM HEMORRHAGE AND RETAINED PLACENTA.—Remarkable results have been obtained. One electrode of the Faradic battery is introduced far enough to come in contact with the womb, and the other is placed on the hypogastrium. The current should be strong enough to excite firm contraction, which it will hardly fail to do. This is a more certain and scientific expedient, and also a greatly more expeditious one than the use of Ergot.—Bartholou's Medical Electricity.

THE STARTING POINT OF PHTHISIS,-The children in America are universally reared in a way to insure a low tone of the health and lead to a degenerative disease like tuberculosis. Nitrogenized food, condiments, pastry, deficient exercise, dark rooms, foul exhalations and nervous strain are working silently but surely to the destruction of the coming generation. The first blow is struck at the disease of the coming generation. struck at the digestive organs. Every now and then there are gastric attacks, attended with vomiting and diarrhea, and sometimes with fever of longer or shorter After a few days of low diet these attacks terminate with slimy passages, showing that the mucous membrane of the stomach and bowels had been congested, if not subacutely inflamed. The constant relighting of this condition by improper food at length disturbs the equilibrium of the sympathetic nervous system, and disorders all the nutritive functions. Now, not only is the blood loaded with materials unfit for the renewal of the tissues, but the agent by which the new is appropriated and the old cast off, is shorn of its power. How can the

young fail to develop the tnbercular diathesis?

It is well known that cows, kept in large numbers in one inclosure, standing in their filth, breathing foul air, deprived of exercise, air and sunlight, and filled with heating food, become almost universally tubercular. Examinations after death have proved the fact beyond question. Why will not the same results follow the like treatment of our children?

That, in the case of children fed improperly, the gas-tric mucous membrane is in a state of constant irritation. is shown by the experiments of Beaumont on St. Martin. Whenever his stomach was overtaxed by the quantity or quality of the food, or overstimulated by spices and alcohol, its mucous coat became inflamed, and covered with pustules and aphthous patches. Such being the condition of the gastro-intestinal mucous membrane in the young, the system is open to any low form of inflam-mation, that of the lungs or pleura more especially. Nevertheless, as the disease started in the digestive organs, I would not direct my treatment to the chest. The lung trouble is secondary. The plan, as I am fully convinced, is to begin with the digestive organs; and, first of all, place them in good working order. To do this we must select a food containing all the elements of nutrition, unstimulating in its nature and fitted to relieve the irritation of the stomach and bowels. To aid the diet in restoring the digestion and assimilation, air, exercise, sunlight, mental occupation must be looked to, and cise, sunlight, mental occupation must be looked to, and everything else done that will promote the general health. Do not ply the patient with meat, cod-liver oil, the phosphates, pepsin, and the many panaceas that hurry thousands to untimely graves. The stomach is broken down, and is unfitted to bear new burdens. Milk, with lime-water, fulfills all the indications, and will both anticate and solices the correction of the nourish the patient and relieve the congestion of the gastro-intestinal surfaces. Gradually, farinaceous food and vegetables may be added; but meat, in any shape. should not be allowed until the digestion is perfect and the movements natural. Even then, it should be restricted to the mid-day meal, and consist mainly of beef and mutton.

beef and mutton.

To tell what is the state of the digestion tube, the passages must be closely observed. The information thus gained is equal to if not greater than that from the examination of the urine. In either case a neglect on this point deprives us of valuable help in practice. Since using the milk diet I have had four cases in which pulmonary consumption several invariant.

Since using the milk diet I have had four cases in which pulmonary consumption seemed imminent. In two there were local duliness on percussion; in one, duliness and prolonged expiration, and in one great prostration and rapid pulse, with no pulmonary signs. The third case, Dr. Colton diagnosed tubercles, and in the fourth Dr. Flint thought the disease impending. Nevertheless, under the plan of treatment sketched above, these four persons are now in prime health.—Dr. E. N. Chapman, in Brooklyn Proceedings, Feb., 1881.

VENOUS PULSATION .- M. Franck (Le Prog. Med.) VENOUS PULSATION.—M. Franck (Le Prog. Med.) in pursuing this study, cites first the pulse of peripheric origin, which is produced at a given point by the direct propagation of the arterial wave across the capillaries into the veins. Next we have the pulse of the visceral organs and especially the brain. This is not from the oscillation of the cephalo-rachidian liquid, as was advanced by M. Richet, but is a true pulsation having advanced by M. Richet, but is a true pulsation having its seat in the sinuses. In fact the communications between the sub-arachnoidian cavity, the cranium and the rachidian canal. are too narrow to permit of a sud-den displacement of a great quantity of fluid, such as an arterial flow requires; through the venous sinuses, on the contrary, which always remain open and which anastomose freely between themselves and the veins of the neck, this depletion is accomplished with great

The arterial impulse may at certain points, be considered a powerful auxiliary in the venous circulation, as where the artery is inclosed with the vein in an osteo-

fibrous or aponeurotic and resisting sheath.

His experiments on the jugular pulsation confirm M. Potain's theory that it was dependent upon the sudden systole of the right auricle. M. Mosso thought it due systole of the right auricle. M. Mosso thought it due to an intra-thoracic vacuum following a cardiac revolu-tion, and that it was only a negative pulsation. The persistency of the phenomenon after the perforation of the thorax and the entrance of air into the cavity, was sufficient to contradict this hypothesis. If the sphyg-mographic tracings in the cases of normal and morbid venous pulsations are compared, we find that in the former the sudden lowering of the curve immediately precedes the ventricular systole, while in the latter case it accompanies it. Different causes give rise to the pathological jugular pulse, such as painful affections of the abdominal viscerse, of which the most frequent type the abdominal viscerse, of which the most so the resis hepatic colic; acute and chronic diseases of the resistance of the heart. The piratory tract; primary affections of the heart. phenomenon may represent two modalities depending on the same cause, and may be of short duration, show-ing an acute affection of the respiratory or abdominal ct; or it may be permanent and represent chronic and advanced disease of the heart and lungs

The pathological venous pulse is essentially connected with tricuspid insufficiency. By the aid of a special apparatus, introduced into the superior vena-cava of a dog until it reached the right heart, M. F. prevented, for a moment, the coaptation of the tricuspid valves and thus obtained experimentally the transitory venous pulse. Physiologically the transient insufficiency gives rise to a rapid dilatation of the right ventricle. (T. M. S.)

APHASIA.-This condition has been defined as the forgetfulness of the means of expression of the thought; or, again, the forgetfulness of articulate language. M. Ribot (Le Prog. Med.) considers it an amnesia of signs, a true disease of the motive memory. Every manifestaa true disease of the motive memory. Every manifesta-tion of a thought is translated by a motor act; speech, writing, gesture, design. etc. Now every motor act produces in the nervous centres a modification which persists, we might call it residual motor force. These residues form with the corresponding idea a veritable unity; now, in the aphasic, there is a dissociation of these two components, and the patient is incapable of designating an object by its name, nevertheless the name itself is not forgotten; tell him the word, and he will reply in general terms, yes, yes; give an inaccurate designation, and he will make a sign of negation, but it is impossible for him to repeat the word that you tell him. He has then forgotten entirely the movements which are necessary in order to speak or write words, while their phonetic or graphic representations are al-most always readily perceived by the patient. The centre of Broca being near the centre of Ferrier for the jaw, lips and tongue, the mechanism of aphasia can be conceived. (T. M. S.)

ECZEMA (A CLINICAL CASE).—(Dr. Marin, in El Crit. Med.) On Oct. 13, 1880, I was called to prescribe for a child 27 months old, who had been complaining since he was 11 months old, at which date he was attacked with an eruption, which spread over the head, neck, and face, and ended finally at the eyes; the most an-noying sensation was an irresistible itching. Under the use of an ointment the eruption disappeared from the face and head, but not from about the eyes; at the same time the child was attacked with an herpetic (? Tr.) ophthalmia, which. although several times apparently cured, returned at the slightest cold. The mother had various physicians, and all sorts of collyria, pomades, washes, etc., in order to permanently remove the disease, but without avail; and as a last resort ap the disease, but without avail; and as a last resort ap plied to Homœopathy. The conditions present at this time were: Great photophobia, especially when in the sun, lachrymation, intense pain which caused constant moaning, swelling of the lids and blearedness of the eyes. Bell. was given internally, and washes of tepid water externally, at the same time stopping the use of a pomade. On the 18th the child slept at short intervals pomade. On the 16th the child slept at short intervals during the night, which he had not done before; the photophobia and lachrymation continued, but the pains were less, and the child wept less. *Bell*, continued. On the 22nd the photophobia was gone, and the eyes could be thoroughly examined; the injection had nearly disappeared, there was very little sensitiveness to the light, and the lids were improved. Bell. still continued. On the 29th I was told that the child was unable to sleep, and kept her hands continually at the eyes, on account of the intense itching; the acute stage had not returned, and it seemed best to remove, if possible, the exciting cause which was keeping up the ophthalmia, and for this purpose Sulphur was given; and on Nov. 9th the disease seemed to be completely eradicated. I heard nothing more of the patient until May 5th of this year, when I was called to see him and learned that the disease had not returned since the last prescription. But for the last three days he complained of a cough and fever, and presented all the symptoms of an acute catarrhal condition, and complained also of the sight. Within two days measles appeared, and the patient was carefully guarded for nine days, Acon., Bell., and Puls. were given, but on the disappearance of the acute condition, the herpetic tendency reappeared in the eyes, and the child complained without ceasing. Remembering the former efficacy of Sulphur it was again given, and a prompt cure followed. (T. M. S.)

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Syphilis in Different Countries.—Rey, in Annales de Dermatologie et de Syphilographie, regards syphilis as at present an essentially universal disease. Two countries only in the known world are exempt, Iceland and the interior of Africa. In Iceland the physicians say that though frequently introduced it has never gained a foothold. That this is not due to climate is shown by the fact that syphilis is rife in such countries as Siberia and Greenland. According to Livingston the unmixed tribes of Central Africa do not have the disease, while it prevails among the mixed races. Those races, says Rey, suffer most where syphilis is introduced for the first time, the cases being of a graver character. The symtomatology of the disease is everywhere the same, except that of course the color of the skin has some influence on the character of the skin lesions. Climate is, on the whole, without essential influence. Authors are curiously at variance on this point, some considering hot climates favorable to the course of the disease, while others take the opposite view. Facts are wanting. It seems certain, however, that hot climates are bad for Europeans who may have contracted syphilis. In China the disease seems to run a peculiar and stubborn course. In Rey's opinion this probably is the result of improper treatment. In high latitudes syphilis runs an unfavorable course. Warm climates seem to favor the rapid effect of treatment.

INTERMITTENT FEVER.—By W. C. Leech, M.D., Maion, Ohio. Intermittent fever, ague, billous chills, liver chills, etc. This, to the practicing physician, homeopathic, is an important subject, heretofore a stumbling block, and well it might be, for I claim that the principle on which we, as homeopaths, made our prescriptions was a false one. We are in the old school rut. The principle is an absurd one, to give a remedy between the paroxysms only, and let the poor patient suffer during the chill and fever. Having had thirty-seven years' experience in treating intermittent fever in all its forms, allopathic, allo-homeopathic, but lately, for four years what I claim homeopathic idea Give the remedy, well selected, once in two or three hours during the intermission, and once in from twenty to thirty minutes during the paroxysms. In following this plan, selecting the remedy carefully, I have not had a case pass out of my hands, or to have over three chills after the first dose. Seventy-two hour chills I have never failed in a single case with Sabadilla, 30 Forty-eight hour, Qvin., 1; China, 1; Cedron, 1; Hecue, 1; Nux vom., 3; and Canchalagua, 3, etc. Chills once in twenty-four hours. Ars., 3 or 2; Boletus and Capsicum. The remedy being chosen upon two or three leading symptoms. Outside of our materia medica I take Johnson's Key in selecting my remedy.—Med. Advance, July, 1881.

THE CURE OF VARICOSE VEINS BY SUBCUTANEOUS LIGATURE.—Dr. John Duncan, of Edinburgh, employs carbolized catgut for the radical cure of varicoccle. The veins are separated from the artery and vas deferens, and a needle armed with catgut is thrust through at the point of separation; it is then reintroduced at the orifice of emergence, and made to pass between the veins and the skin, and brought out at the original entrance; the two ends are then firmly knotted together and cut short; by traction on the scrotum the knot is made to disappear entirely, and the punctures are covered with salicylic wool saturated with collodion. The manouvre is repeated an inch higher, and sometimes a third ligature is advisable. A hard lump of coagulum forms between the ligatures, tender at first, but soon diminishing in size and becoming insensitive. Dr. Duncan treats varicose veins of the leg in the same manner; the introduction of the point of the needle into the aperture of exit of the first puncture and the tightening of the loop of catgut is difficult when there is brawny cedema; in such cases the patient should be kept at rest, and an India rubber bandage applied for a few days. A single ligature is not sufficient, and to close the lumen permanently, two must be applied about one inch apart. It is essential that no branch be given off in the segment of vein between the ligatures.—Brit. Med. Journ.

BERT'S ANÆSTHETIC CAR.—A correspondent of the British Med. Journal, gives the following description of Bert's anæsthetic car for giving nitrous oxide and compressed air: I was at the St. Louis hospital one morning; the car was there and some operations were to be done in it. We—the patient, the doctor and his students—went into the car; the door, air-tight, was closed, and air forced into the car; in a few minutes my ears began to feel strange, and I was told to swallow, yawn and blow my nose, which I did every few minutes, and so made the pressure equal on both sides of the drums of my ears. The patient laid himself down on the operating table, and the anæsthetic was given him. He took it very quietly, did not struggle and was soon insensible. Whilst he was unconscious, an epithelioma was removed from his lower lip; after the wound was sewn up, the compressed air was allowed to escape; the patient got up from the table, walked out of the car, and laid down on the grass; he complained of no headache or nauses, but said he felt just as usual. The car is on wheels and is carried about from hospital to hospital; the hospitals being under government, the car is a public one, and is taken all oper Paris.

Contusion of the Testicle and Its Consequences.—M. Terrillon (Le Prog. Med.) distinguishes three degrees of contusion: The first characterized by capillary hemorrhages, seated in the cellular partitions; clinically the organ becomes hard and painful; later, cirrhosis appears, and the organ becomes atrophied. The second degree is marked by the presence of small hemorrhagic centres (foyers), in which the seminiferous tubes are found to be torn; these centres may become the points of departure for abscesses. The third degree is characterized by a rupture more or less extreme, of the tunica albuginea, and hemorrhages into the testicle and tunica vaginalis. Considerable force is necessary to produce these lesions, especially the latter. Cirrhosis and atrophy are the ordinary consequences of these lesions, the interstitial connective tissue and the tubular walls being the point of departure, so that we may, with propriety, speak of atrophy of the testicle, in consequence of tubular and interstitial currhosis. In the epididymis the atrophy is rare, dilatation of the tubes generally following contusion. A contusion may give rise to diathetic accidents in tubercular or syphilitic subjects. M. Berger had seen many cases of contusion which were not followed by atrophy. He thought that age exerted an influence, and that the young were more predisposed to atrophy than those in whom the organ had accomplished its revolution. M. Despres had frequently seen induration follow a contusion, but never atrophy; and also thought the young more liable to the latter. M. Ledentu thought atrophy of the testicle frequently occurred in adults, in consequence of traumatic orchitis; he had had recently a case in a young man, 23 years old, where atrophy followed within fifteen days after a traumatic orchitis. M. Heurteloup doubted if the term orchitis should be given to these conditions; inflammation of the gland causes acute pain, while the condition known as traumatic orchitis is not painful. M. Terrillon said he had already mentioned in h

CURING SNAKE BITES.—Dr. Upshur, of Carrollton, Miss., having practiced eight years in the Yazoo swamps, has attended many cases of snake-bite, both of rattle-snakes and mocasins. His treatment has invariably been to cut down freely with a bistoury, dilating the orifices made by the two fangs. After permitting a reasonable amount of bleeding, stuff into the wounds the dry salt of carbonate of ammonia. At the same time give a tolerably strong solution of the same internally, say five or eight grains every fifteen minutes, until a drachm has been taken (less, if sufficient). Upon dissolving, the ammonia is freely communicated to the blood, and through it to the tissues previously visited by the poison. The latter, as is the case with all animal poisons, being of an acid reaction, the powerful alkali, on overtaking it, instantly neutralizes it, destroying its specific properties. He relies upon this treatment always, and has never had any trouble with such cases. The whiskey treatment is adjuvant only, and he attaches but little importance to it.

USE OF BUTTER-MILK IN FEVER.—Hildesheim (ucber die wirkung der buttermilch in fieberhaften krankenheiten, Berlin Klin Wochenschr. No. 38, 1880,) speaks of the use of butter-milk in fever. According to H., it is not only effective in reducing the temperature, but also, by supplying the waste, serves as a nutriment. Especially to be mentioned is the action of the potash-salts, which are antifebrile, and regulate also, to some extent (Kali Phosph.) the evacuations from the bowels.

DEATH OF A FCETUS, WITH LATE EXPULSION.—M. Depaul (Le Prog. Med.) relates the history of a case, in which a syphilitic patient was put under an incomplete course of specific treatment. The menses ceased on September 8, 1880. She first felt life in the early part of March; but towards the end of the month the movements ceased. On her entrance to the hospital, June 23, 1881, the womb did not have a normal globular form, and had not the sensation of weak activity which we usually find in pregnant women. The modifications of the neck were those characteristic of a four or five months' pregnancy; there were no feetal pulsations or souffes. The labor was natural, and the body expelled had no appearance of putrefaction; it was only in a great degree of maceration. The interesting points are: The length of time which the fœtus remained in the uterus, viz., over ten months; and that it remained over five months after its death without producing any accidents. The mother had not experienced a single one of the abnormal symptoms usually described by the authors as accompanying the death of the fœtus. This case is another example of the fact that a dead and macerated fœtus in the amniotic liquid is without harm to the mother. M. Tarnier had frequently examined the blood in the case of a dead fœtus, and had never found any septic poison. (T. M. S.)

Transfusion in Profuse Menorrhagia.—Mr. T. Whiteside Hime has performed the operation with success in a sterile married woman, aged 35. Menorrhagia had existed for five years, commencing from fatigue and severe shock during a catamenial period. The anæmia was very marked; the cervix uteri was conical, the os narrow; it was incised and the uterine cavity painted with a strong solution of perchloride of iron, but with little good effect. Mr. Hime drew six ounces of blood from the patient's husband, and using a special transfuser, introduced the blood through the patient's mediocephalic vein. During the process her breathing stopped, a drachm of ether was immediately injected subcutaneously, and artificial respiration employed; she rallied, and the transfusion was completed. This was done in November 1878, since then menstruation has never been excessive. The transfusion was indirect, the blood being first whipped and defibrinated in a warm vessel, then strained into an apparatus which is double-chambered, so that the blood may be surrounded by hot water. The blood runs, by gravitation, out of the apparatus, through an elastic tube into the vein. The apparatus is very cheap and cannot easily get out of order —Brit. Med. Jour.

Danger from the Use of Alum in Contact with Copper Culinary Vessels.—M. Delthil's (Le Prog. Med.) attention was first called to this subject, in consequence of a poiscaing produced by the eating of some cakes, called Saint Honoré. The symptoms produced were analogous to those produced by the so-called emetics: algidity, syncope, lowering of the temperature in variable degrees, aphonia, and cramps. He thinks the toxic cause is to be found in the preparation of the cream, which is made of the whites of the eggs beaten together without sugar, in a copper basin, to which a small quantity of alum is added. The alum of commerce (sulphate of alumina and ammonia) attacks the copper, and forms a sulphate of copper and ammonia, which is very soluble and consequently poisonous. Besides the poisoning accidents, an aphthous stomatitis has been also observed. The therapeutic indication is to avoid the use of the emetic (sulphate of copper? Tr.) in cases of alum poisoning, and rather to follow the treatment pursued in cases simulating cholera, with marked lowering of the temperature. Finally, alum is fraudulently employed in the manufacture of certain breads, in order to conceal the bad quality of the flour, and give elasticity and plasticity to them. (T. M. S.)

ACCIDENTS PECULIAR TO DIVERS.—M. Blanchard (Le Prog. Med.), in company with M. Regnard, has produced artificial lesions in dogs, analogous to those which happen to coral and sponge fishers, in consequence of immersion to great depths. M. B. kept a dog in a receiving chamber, with the air compressed to 7 atmospheres, for half an hour, and then by a sudden relaxation of the pressure, he produced the conditions which attend the diver at the monment when he returns to the surface of the water. At the end of ½ minutes the animal, in some cases, has fallen as though struck by lightning; in other cases there was a complete paraplegia, which was followed by a cure at the end of several months. In one of the latter cases the animal was killed, and a histological examination showed extended alterations, with an appearance contradictory to the idea of a restoration of motion. The greatest number of lesions were in the upper regions of the spine, and consisted of hæmorrhage-effusions and distended cells in the gray substance and the lateral trunks; alterations of the large cells of the anterior horns, consisting of a diminution in number and volume, together with a disappearance of the greater part of the cell proliferations; there was a relative integrity of the spine in the lumbar region, only a few miliary centres of inflammation being found in the white substance. The pathogenesis of these lesions was attributed to a sudden expansion of the compressed gas, resulting in a rupture of the vascular walls. While M. Ranvier considered the lumbar region to be the seat of preference for these anatomical alterations, M. B. has shown, on the contrary, that the latter reside in the more elevated portions of the medullary axis. M. Regnard has seen rapid death follow, in animals, the sudden relaxation of air tension. He explains the fact by admitting the previous formation of a collection of gas at the opening of the vessels, a nucleus which remains immobile until a sudden violence or shock produces an embolism, and determines, in

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ALCOHOL IN NATURE.—A chemist of merit, Mr. A. Müntz, who has already made himself known by important labors and by analytical researches of great precision, has been led to a very curious and totally unexpected discovery. Mr. Müntz has discovered that arable soil, waters of the ocean and streams, and the atmosphere contain traces of alcohol, and that this compound, formed by the fermentation of organic matters, is everywhere distributed throughout nature, we should add that only infinitesimal quantities are involved—reaching only the proportion of millionths—yet the fact, for all that, offers a no less powerful interest. The quantity of alcohol contained in rain, snow, and sea-waters, may be estimated at from one to several millionths. Cold water and melted anow seem to contain larger proportions of it than teped waters. In the waters of the Seine it is found in appreciable quantities, and in sewage waters the proportions increase very perceptibly. Vegetable mould is quite rich in it; indeed it is quite likely that alcohol in its natural state has its origin in the soil through the fermentation of the organic matters contained therein. It is afterward disseminated throughout the atmosphere in the state of vapor and becomes combined with the aqueous vapors whenever they become condensed. The results which we have just recorded are, as far as known to us, absolutely new. They constitute a work which is entirely original, which very happily goes to complete the history of the composition of the soil and atmosphere, and which does great credit to its author.

DUKE CHARLES OF BAVARIA, M.D., has recently discovered Bacteria in the choroid coat of two eyeballs. There were no signs of decomposition in the eyes, and every circumstance went to prove that they were due to ante-mortem organism.

Chromatism of the Eye.—M. Juval (Le Prog. Med.) calls attention to the important part which chromatism assumes in the study of the pathology of the eye, and the slight attention which has been given to the phenomenon. Because the objects which were within the visual field did not appear surrounded with colored circles, no attention was formerly given to chromatism. M. Juval, in examining an extremely small object, by the aid of an ordinary light and by. mono-chromatic illumination, noticed a very marked difference in the clearness of the vision, to the advantage of the latter method. We know that myopes, for the purpose of acquiring a greater acuteness of vision, make use of leases of greater convergence than the degree of myopia requires. This fact has been explained on the theory that the patients find it advantageous to receive smaller images upon the retina; it is more probable that it is the diminution of the chromatism—that is to say, the suppression of a part of the luminous figure, which is the cause of this amelioration. As a proof of this hypothesis, it is noted that myopic eyes are more improved in sight by the use of flint than by those of crown glasses. From this may be deduced important consequences, in a practical point of view. If we suppress a part of the figure by the aid of colored glasses, although the chromatism is exaggerated, the vision is improved; in such cases we derive great advantage by the employment of yellow glasses for reading, and paper of the same tint for writing. If, in addition, the eyes are myopic, the false effects of chromatism are combatted by flint glasses. In the case of a boy, under the care of M. d'Arsonval, attacked with chronic blepharo-conjunctivitis, and in whom reading by gas-light produced an intense visual fatigue, the use of yellow tinted glasses caused the disappearance not only of this fatigue, but also of the chronic inflammation of the envelopes of the eye, and the chronic peripheric affections of the bulba. By an appropriate treatment of the troubles of

THE TUNING-FORK IN DIAGNOSIS was the title of a paper read by Dr. D. B. St. John Roosa, of New York, at the recent meeting of the American Otological Society. It contained the following propositions:

It contained the following propositions:

1. If one ear be normal as to hearing power, and the vibrating tuning-fork be placed upon the vertex or the teeth, if its sound be intensified in the ear whose hearing power is diminished, there is disease of the external ear or middle ear, but no lesion of the labyrinth or nerve.

2. If, under the same conditions of a sound ear on one side, while the hearing power of the other is impaired, the tuning-fork be not heard better in the worse ear, even if the meatus be stopped by the finger or the like, there is disease of the labyrinth, the acoustic nerve or brain.

 If the tuning-fork be heard better on the mastoid than when placed in front of the meatus, there is disease predominantly of the middle ear.

4. If the tuning-fork be heard better through the ear than through the bones, there being impairment of hearing, the disease which gives rise to this symptom is seated in the brain, nerve or labyrinth.

APPLICATION OF ELECTRICITY TO ACCOUCHEMENTS.—
Dr. Apostole proposes the application of the electric current to favor uterine involution, whose arrest is the common cause of post-puerperal affections. To this end, he applies a faradic current eight or ten times in six days, in normal cases. He concludes that faradization of the uterus is always inoffensive; that it is a sedative which accelerates the return of the functions, diminishes the lochial discharge, and removes ulterior complications.—
L'Union Médicale.

STERTEROUS BREATHING IN APOPLEXY AND THE MAN-AGEMENT OF THE APOPLECTIC STATE.—In a paper on this subject in the Brit. Med. Jour., for May 28, 1881, Dr. Robert Bowles says that the causes of stertorous breathing in apoplexy are mechanical, and can at all times be so changed as to alter altogether the nature of a case, and often make the difference of recovery or death. The truth is, two separate conditions of the apoplectic state have been jumbled together and treated as one—the cerebral affection and the condition of suffocation consequent upon it. Stertor in one sense is but a croup in the pharynx, or apoplexy plus suffocation, as croup is laryngitis plus suffocation. We feel it necessatry to relieve croup by a serious operation; whereas ster-tor is left to itself, although it may be relieved by merely changing the position of the body.

Dr. Bowles divides the various forms of stertor com-

monly observed as follows ;

Nasal Stertor arises from paralysis of the nerves supplying the elevators and dilators of the alæ nasi, so that the ingoing air, as in sniffing, draws the alæ nasi toward the septum, and sometimes causes a serious ob-struction to the breathing, and certainly hastens death, as well as needlessly distresses the bystanding and sorrowing relatives. It is often a symptom of the gravest kind is unaffected by the position of the body, but may always be relieved by mechanical means.

2. Palatine Stertor occurs when the air in rushing through the nose or mouth causes a vibration of the soft palate. It is usually of the least consequence; i. e., it obstructs the breathing only very partially, and cannot always be removed by changing the position of the body. It is affected by the size of the tongue, the length of the uvula, the position of the chin, and other incidental conditions, all of which may be obviated if the instruc-tion to the breathing be sufficient to render it worth the

oing.
3. Pharyngeal Stertor is the most common in severe cases of apoplexy, when patients are recumbent. This may always be obviated by properly arranging the position of the patient, allowing the paralyzed mass—the tongue—to gravitate to one side rather than against the

back of the pharynx.

4. Mucous Stertor, when unconnected with lung-engorgement, the consequence of suffocation from stertor, occurs only in very serious cases, depending upon interference with the nutritive processes of the lung tissues, probably arising remotely from accident to or pressure upon the medulla oblongata. This can always be satisfactorily removed by proper attention to the position of

These principles apply not merely to apoplexy, but also to all apoplectic conditions. Especially may be mentioned drowning, epilepsy, convulsions in children, meningitis with effusion, death-rattles, fracture of the skull, concussion, bronchitis (especially that of old peo-ple), sudden ædema of the lungs, large hæmorrhage from the lungs, and also all conditions allied to the apo-plectic, whether there be mucus or not,

PURULENT PERITONITIS (UMBILICAL FISTULE) .-Legroux (Le Prog. Med.) calls attention to a patient who was cured of a disease which had begun several months before. At first it was thought to be lead colic; then a tubercular peritonitis. When M. L. saw the case, it presented all the signs of an acute generalized peritonitis. Later, a small tumor was formed at the centre of the umbilicus, and soon a fistule was estab-lished—at present healed—through which a large quantity of pus was discharged. The seat of the fistule, exactly at the point of the umbilicus, and not at the The seat of the fistule, exactly at the point of the umbilicus, and not at the circumference—which happens in inflammation of the abdominal or pelvic cellular tissue—demonstrates that the pus comes from the peritoneal cavity itself. He thought the case one of an idiopathic, generalized, peritonitis, which is sometimes found in children and adults. (T. M. S.)

OCULAR SYMPTOMS IN DIFFERENT DISEASES,-Dr. Gorecki, as quoted in the Glasgow Med. Journal, has tabulated his views as follows;

Blepharoptosis, or the falling of the upper eyelid, in-dicates paralysis, complete or incomplete, of the third

Lagophthalmosis, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic or a symptom of cerebral disea

Strabismus occurring suddenly, and accompanied by diplopia, is most frequently the result of some cerebral

affection

Xanthelasma, a yellow lamina, sometimes met with in the skin of the eyelids, occurs in certain alterations of the liver.

Subconjunctival ecchymoses are frequent in whooping cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in a child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secre tion of tears is arrested.

Spots on the cornea are often the indication of a stru-

mous constitution

Dilatation of the pupil, or mydriasis, indicates excess ive fatigue, the existence of intestinal worms, meningitis in the second stage, or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after Belladonna poison-

ing, etc.
Unequal dilatation of the two pupils points to the

onset of general progressive paralysis

Contraction of the pupils is one of the early symptoms of tabes dorsalis. It is met with also at the beginning of meningitis, in Opium poisoning and in Chloral poison-

Deformation of the pupil, particularly after the injection of Atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under, say forty or fifty, is frequently of diabetic origin, and constitutes soft cataract.

Finally, the opthalmoscope enables us to recognize the retinitis associated with Bright's disease. Retinal hæmorrhages, ædema of the retina, and embolism of its central artery, are sometimes met with in organic dis-eases of the heart. Optic neuritis and perineuritis and atrophy of the disk are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the corpora quadrigemina.

TRACHEOTOMY BY A SINGLE INCISION .- M. De St. Germain (Gaz. des Hop.) has, up to the present time, performed two hundred and twenty-seven tracheotomies without having met with a single accident of any consequence. A declared opponent of the operation by re-peated incisions made with calculated deliberation he places the child on a table with his shoulders lying on a places the child on a table with his shoulders lying on a firm cushion, and his head hanging down, firmly supported by an assistant. He fixes the larynx with his left hand, seizing it by its lateral and posterior parts as if he would separate it from the spinal column, and then plunges a bistoury with a straight and narrow blade into the crico-thyroidean membrane, having its cutting edge toward the sternum. Passing this to a depth of fifteen millimeters he divides by a sawing movement. fifteen millimeters, he divides, by a sawing movement, without pressure, the cricoid cartilage, the two or three first rings of the trachea, the isthmus of the thyroid and the skin. While removing the instrument he prolongs the incision a few millimeters in the skin to facilitate the flow of the fluids. The edges of the wound are then separated by the dilator and the canula is introduced. If the slight hæmorrhage does not cease very quickly, it is arrested by substitution of a larger canula.—

American Practitioner.

The "Fever-Tree."—Upon this interesting tree (Bucalyptas), Dr. Ladwig Polluge communicates the following in his lecture on "Climatic Changes in Historic Times": "The home of the Eucalyptus is in Australia and Tasmania, and it forms the largest contingent of Australian forests. The largest varieties attain a height of 150 metres, and could cast a shadow over the Pyramids. The Eucalyptus is of rapid growth. A specimen three feet in height which, in 1869, was planted near Mentonia, had in 1874 attained an altitude of 50 feet, and a circumference of 3 feet. The roots of this tree possess such an extraordinary absorbing capacity that the trunk consumes ten times its weight of water, absorbed from the soil. It is for this reason that many marshy districts can be reclaimed in the shortest time by the propagation of the Eucalyptus. Owing to the fact that it absorbs the superfluous ground water, which is the hot-bed of fevers, it has obtained the name of Fever-Tree. The attempts to improve the sanitary condition of marshy districts by cultivating the Eucalyptus, have been followed by astonishing results. A monastery in the vicinity of Rome was one of the most notoriously unhealthy spots of the fever-stricken campagna. In 1868, a number of monks were ordered to reclaim this district for cultivation; and, although it was necessary in the beginning to return to Rome for protection from the malaria poison at night, after five years this precaution was no longer necessary. In Pardock, near Algiers, a large farm was noted for the frequent deaths resulting from malarial intoxication. In the spring of 1867, 1,300 Eucalyptus trees were planted upon it, and in July not a single case of fever occurred, although usually this was one of the months most dreaded. Malaria has been completely banished from this farm. Similar experiments instituted in Alsace and Lorraine have been followed by equally promising results."—Cin. Lan. and Clinic, July 2, 1881.

How to Vaccinate.—Dr. Dozier (in Medical Independent) says: "I use only fresh bovine virus; and prefer the ivory points to any other. I dip the point to be used in cold vater, then lay it aside in order that the virus coating may become well dissolved, or softened. In the interim I scarify with a dry ivory point, stroking very lightly, scraping off as completely as possible. without bringing blood, the cuticle, or scarf skin, for a space of about a quarter of an inch square. I then rub over the abrasion the previously-prepared point, until the virus is all off, and insist on the sleeve being kept up for at least five minutes after the operation. I then place over the part a piece of adhesive plaster, of sufficient size to cover well the scarification. Out of two hundred and twenty-five vaccinated adults and children, and many of the former having been successfully vaccinated before, I got a result of ninety-seven per cent. of successful vaccinations; while my colleagues, who used lancets principally with which to scarify, and cut rather than scrape through the outer skin, consequently causing more or less bleeding, were successful in not more than fifty per cent. of their cases."

PROSPECTIVE APPLICATIONS OF ELECTRICITY.—It has been sometimes thought that a copper cable of enormous thickness would be required to transmit the hydraulic power of Niagara Falls to New York. Prof. Ayrton has shown that the whole power could be transmitted by a slender copper wire, provided that the wire could be thoroughly insulated. He has also shown that the only hindrance to receiving the whole power is the mechanical friction of the machines. It is, therefore-believed that immense machines, with continuous currents, with detatched exciters or electro-magnetic machines, driven very rapidly by steam engines, will hold an important place in the future transmission of energy. With such machines, it would be possible to warm, to light, and to give workshops the power which is neces-

8 d sary to move all their machinery, by means of ordinary telegraphic wires thoroughly insulated, and transmitting energy from great distances. Prof. Perry thinks that it will sometime become possible to see what is going on in remote places by means of electricity.—La Lumière Electrique.

SPONTANEOUS RECOVERY FROM DIPHTHERIA.—Dr. D. I. McKew reported the case of a boy, aged 15, who began to complain of his throat, fever, etc.; in two days this had developed into one of the worst cases of faucal and nasal diphtheria he had ever seen. Shortly after, the breathing became difficult; on the third day he was purple from obstruction in the larynx. Death was thought to be certain, and tracheotomy suggested itself; but Dr. M. was deterred from its use by the bad results which he had seen from it. At his visit next morning he was surprised to find great improvement in the breathing. The membrane gradually disappeared, and the patient recovered. The case teaches that patients may recover in this affection, even in the apparently most hopeless cases. If he had been tracheotomized he would certainly have died. He thought if we trusted more to nature, and waited longer, we would see more recoveries.—Maryland Med. Journal, Aug. 1, 1881.

IN THE Eleventh Annual Report on the Health of Salford for the year 1879, Dr. Tatham gives a striking illustration of one of the modes of spread of scarlatina. The source in this case was found to be a pawnbroker's shop in the affected district, where people were in the habit of pawning such of their clothes as they can spare early in each week, taking them out again on Saturday when their weekly wages were received. The premises of this shop consisted of three rooms, the outer two of which were used as shop and store room, and the inner as a living room. In this last a large quantity of pawned bedding, etc., was deposited, and here was found a child recovering from scarlet fever. There was free access between this room and the outer rooms. The patient was removed, and the house and stock in trade thoroughly disinfected; after which the spread of the fever ceased.

A MEDICAL WIFE.—A recent London medical scandal shows a possible and unexpected disadvantage of having a medical wife. Three vacancies occurred for assistant physician to the National Hospital for the paralyzed and epileptic. For one of these posts Dr. Sturgis was most highly recommended by the senior medical officers, and presented flattering testimonials from many sources. But when his claims were discussed before the managing committee, it was discovered that he had married a wife possessing a medical diploma. This was too much. His application was dismissed without appeal.

ENDOWMENT is the key-note upon which the whole system of professional training must hereafter depend. In it, we find the only solution of the educational difficulties that so sorely beset us. In its presence, the impracticability of preliminary examinations, of a third term, of graded courses, of educated physicians, of degrees that mean something, and of enjoyment of public confidence and esteem, vanishes. The solution of the problem of higher professional education is to be found in a single word—Endowment. Maryland Med. Journal, June 15, 1881.

Successful Porro-Muller Operation.—Professor Breisky, at the French meeting of the Prag Medical Society, introduced a woman who had been the subject of another successful porro—with Muller modification—operation. She is 28 years old, and possesses an asymmetrical pelvis, whose conjugata vera is between 6.5 to 7 centimetres. The child was born with several contusions, and facial paralysis; but is now, with the mother, perfectly well.

OLD SCHOOL RECOGNITION.—"The New York MEDICAL TIMES is a homosopathic journal. The issue for September contains, in addition to other contents, about 100 articles and items selected from other journals. Of these, upwards of 90 are from medical publications of the regular school, and only two from homosopathic sources. We give the TIMES much credit for its ability in the selections. In fact, we do not know of a single journal of our own school which supplies its readers with a greater amount and variety of choice selections from "old school" sources. It is a recognition of the value of the literature of the regular profession highly creditable to the editors."—Pacific Med. and Surg Journal.

and Surg Journal.

[The editors of our esteemed contemporary will please accept thanks for their courteous notice. We desire to assure our colleagues that we are something more than homocopathic, and that we intend to publish a medical journal which shall include the whole field of medical experience, whether homocopathic or not. While we practice homocopathically, we profess to have sense enough not to attempt to apply the principle

where it does not belong.]

Dr. Bristowe and Mr. Hutchinson are receiving sound castigation from some bigots of the "old school" for their audacity in daring to refer to homoeopathy in a public address to medical men, at a recent meeting of the British Association.

It certainly will be a sad state of affairs when medical men shall not dare to express their honest convictions, and we look anxiously for the course these two gentlemen will take in the matter of being whipped into the

traces by these professional snappers.

Thus we see that liberty of opinion and action are as much in danger in the "old" as in the "new school," but the advance guard of progressive thinkers will be able to protect it, we trust, against the attacks of superannuated fossils who cannot appreciate that the world really does move.

By the Ears.—Several correspondents have asked our attention to the manner in which some of our Stalwarts have each other by the ears, and are amusing the lookers on by the soundness of their drubbing. We have no desire to enter this arena, and our space can be better occupied than in discussing those theoretical questions upon which we cannot agree. We must admit, however, that our esteemed contemporary, the Hahnemannian Monthly, has done yeoman service in its conflict with the Internationalists, and it is welcome to the field for all us! Theoretical bigotry is the father of intolerance, and we do not care to burden our readers with its consideration.

DR. D. S. Young, of Cincinnati, in discussing the "Diagnosis of the Gun-Shot Wound of President Garfield," says of the treatment: "It demonstrates how fortunately a case can be managed by judicious attention to symptoms, independent of a knowledge of their causes." This is an admission that we never expected "old physic" to make, as we thought such practice was reserved for "knaves or fools!" Another evidence that the world does move.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its Ninth Annual Session at Savannah, Ga., November 29 to December 2 inclusive. The Association has done a good work in arousing public attention to great sanitary measures. This meeting will embrace among the writers and speakers, some of the ablest thinkers in the country.

THE N. Y. Ophthalmic Hospital reports for the month of September:—Prescriptions, 4,042; new patients, 602; resident, 18; average daily attendance, 188; largest attendance, 207.

MEDICAL IMBROGLIO.—Some of the members of the St. Louis Homosopathic Colleges are terribly by the ears, and are throwing the dirtiest kind of mud at each other, greatly to the disgust of the lookers-on. It might be better for our cause if both parties should be annihilated in the combat! There are too many colleges in the country, and we sincerely hope there will be less! One College each for the East and West is all that our school can possibly furnish suitable faculties for at present! Who will attempt a consolidation that will serve the profession at large?

THE officers of the N. Y. Co. Medical Society are greatly embarrassed in their efforts to suppress irregular practitioners by the indifference of members of Grand Juries, who seem disinclined to lend their aid in the direction desired, thereby making further prosecution almost impossible. Regular practitioners of all schools should give their countenance and help to this commendable undertaking of ridding the community of unlicensed physicians.

THE Paris Electrical Exhibition proved one of the most interesting and instructive displays of modern scientific development that the world has ever seen, and our own country occupied a conspicuous position in the front rank, being represented in the persons of Messrs. Maxim, Brush and Edison. The uses to which this agent can be applied is something truly wonderful, bordering on the marvellous, and its progressive development is astonishing!

THE Hom. Med. Society of Wisconsin will hold a biennial session at Milwaukee, Nov. 16 and 17 next. It is expected that the subject Typhoid Fever will be thoroughly presented in its various collateral relations, and an interesting meeting is anticipated.

THE Allegheny Co. (Pa.) Society recently welcomed with banquet its delegates, Drs. Cooper, McClelland and Bingaman, on their return from the International convention. Appropriate remarks were made by Drs. Edmundson, Childs, Burgher, Willard and others.

DR. W. H. WINSLOW has returned from a run of several weeks in England and Scotland, and Dr. C. H. Hofman, late of the House Staff, Hom. Hosp., W. I., has completed his studies abroad and is at home.

In this number we present the first of a series of articles by Dr. Jones. The papers to follow will discuss "Our Colleges," "The Institute," and "Our Literature."

DR. W. I. WEILMAN has completely recovered from his recent severe illness, and has removed to Friendship, Allegheny Co., N. Y. where he will continue practice,

Dr. A. P. Williamson, Chief of Staff, reports 700 patients treated at the Homocopathic Hospital, W. I., during September, with 2.85 per cent. death rate.

Drs. J. B. McClelland and C. P. Seip, of Pittsburg, Pa., sailed on the 1st of October to spend six months in the hospitals of Berlin and Vienna.

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DR. GERTBUDE A. GOEWEY-BISHOP, nee Goewey, has removed to 310 Throop Ave., Brooklyn, where she will please accept our congratulations.

A CLINICAL PROFESSOR of diseases of the nervous system is to be added to the faculty of medicine of Paris; Charcot is the man,

Dr. E. G. RANKIN has removed to 24 East 35th St., still remaining associated with Dr. Helmuth.

DR. J. C. SHAW has removed to Hoosick Falls, N.Y.